



The Corporation of the
Town of Fort Erie

1 Municipal Centre Drive
Fort Erie, ON L2A 3J7
Web: town.forterie.ca

Phone: 905-871-1600
Fax: 905-871-4022
email:dkelley@forterie.on.ca

APPLICATION FOR RESIDENTIAL EMERGENCY HOSTEL SCHEDULE "9" TO BY-LAW NO. 217-05

HOSTEL INFORMATION			<input type="radio"/> NEW	<input type="radio"/> RENEWAL
NAME OF HOSTEL:				
Address:				
Postal Code:	Phone:	Fax:		

APPLICANT INFORMATION				
NAME OF APPLICANT:				
Address:				
Postal Code:	Phone:	Fax:		
NAME OF OPERATOR: (if difference from applicant)				
Address:				
Postal Code:	Phone:	Fax:		

DWELLING INFORMATION			
# of beds in residence:	# of washrooms:	# of storeys:	# of residents:
Total habitable floor area:		Date use established:	

SUPPORTING DOCUMENTATION		
The following notices of compliance pursuant to Schedule "9" of By-law No. 217-05 are attached hereto. I further acknowledge that I have retained/received copies of said compliances for my records:		
<input type="checkbox"/> Ontario Fire Code	<input type="checkbox"/> Health Protection & Promotion Act	<input type="checkbox"/> Ontario Electrical Safety Code
<input type="checkbox"/> Building/Plumbing Code Act	<input type="checkbox"/> Zoning By-law	<input type="checkbox"/> Property Standards By-law
<input type="checkbox"/> Extraneous Flow		

DECLARATION
I, _____ of the _____ of _____ hereby declare as follows:
<ul style="list-style-type: none"> ❖ I am the Owner/Operator of the premises for which this application is being made for a licence to operate a Residential Emergency Hostel. ❖ I have read and understand the provisions of By-law No. 217-05 of the Town of Fort Erie. ❖ I understand the issuance of a licence shall not be deemed to be a waiver of any law, or by-law and that the licence, if issued, is valid only for the Owner and/or Operator named hereto. ❖ I further understand that the licence may be revoked if it was issued on the basis of mistaken or false information or otherwise if I contravene any of the provisions of By-law No. 217-05. ❖ I undertake to notify the Clerk of the Town of Fort Erie, forthwith, any change in circumstances from those set out hereto. ❖ I have personal knowledge of the facts herein and declare that statements and information given on this application and support documents are true to the best of my knowledge.

DECLARED BEFORE ME at the Town of Fort Erie) in the Regional Municipality of Niagara,) this _____ day of _____, 20____,)	_____ Signature of Applicant
_____ A Commissioner, etc.	_____ Date



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APPLICATION FOR RESIDENTIAL EMERGENCY HOSTEL – FORM 2 – FIRE REPORT

Fire Prevention Bureau Number:

Name of Hostel:

Floor:

Room:

Address of Home:

Postal Code:

Discovery date:

Time:

A.M. ()

P.M. ()

Persons involved: (give full name and address)

Discovered by:

Person in charge at time of discovery:

Person who caused fire (if known):

Details of Fire:

Cause:

How extinguished and by whom:

Action taken to prevent recurrence:

Comments

Any observed weakness in prevention methods for this type of fire:

Signature of Reportee:

Date of Report:

NOTE:

Send or deliver this report to: The Fire Chief