

TOWN OF VIEW ROYAL

45 View Royal Avenue, Victoria, BC V9B 1A6
Tel. 250-479-6800 www.viewroyal.ca

Secondary Suite Acclamation Form

PERMIT INFORMATION		Permit#
Civic Address:		Date:
City:	Postal:	Ph:
Owner(s) Name:		Email:

By completing this Acclamation Form and filing it with the Town you acknowledge that:

(Please initial beside each)

I / We the owners of _____, understand that the Type 1 Secondary Suite Permit associated with this property will no longer be active, and that the suite may not be used as a separate dwelling by any occupant(s).

I/We understand that should we wish to rent or occupy the suite by friends, family, or others, that I/we are required to re-apply for and obtain a Type 1 Secondary Suite Permit prior to use.

I/We understand that should I/we wish to reinstate the Type 1 permit, that an application must be submitted with the application fee of \$150.00. A site visit from the Building Official will be conducted to confirm that BC Building Code and Bylaw requirements are still in place prior to issuance of the Type 1 Secondary Suite Permit.

I/We further understand that the occupation of a Secondary Suite for any purposes where a permit would be required may result in the issuance of fines in the amount of \$100 per day of offense under the *MTI Bylaw No. 643, 2007*

I/ We understand that should we remain owners but are no longer resident(s) of the property, the Secondary Suite is not permitted to remain and must be decommissioned.

I/We have read, understood, and initialed all the above conditions for a Secondary Suite Acclamation, and by signing below I agree to abide by the conditions until such time as a Type 1 Secondary Suite Permit is re-instated or decommissioned.

Signature of Registered Owner: _____ Date: _____

Signature of Registered Owner: _____ Date: _____