



CITY OF CAMBRIDGE
Planning Services Department
 73 Water Street North, 3rd Floor, P.O. Box 669,
 Cambridge, Ontario N1R 5W8
 Telephone: 519.740.4650, Ext. 4526
 Fax: 519.622.6184

DEVELOPMENT CHARGES CALCULATION FORM

DATE: _____
 Building Permit No. _____

(Office Use Only)

PROPERTY IDENTIFICATION

Municipal Address: _____
(Please note Legal Description is mandatory)
Legal Description: Plan: _____ **Lot:** _____

Reference Plan: _____ **Part(s)/Block:** _____

 Assessment Roll No.: _____ PIN No.: _____

APPLICANT INFORMATION:

OWNER	BUILDER/APPLICANT
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
POSTAL CODE: _____	POSTAL CODE: _____
PHONE: _____ Fax _____	PHONE: _____ Fax _____

PROPOSED CONSTRUCTION

Description of Building Use: (i.e. Medical Office) _____

(Please indicate one of the following.)

<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Conversion
RESIDENTIAL	COMMERCIAL	INDUSTRIAL	INSTITUTIONAL
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Office	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Government
<input type="checkbox"/> Semi-Detached Dwelling	<input type="checkbox"/> Retail	<input type="checkbox"/> Office	<input type="checkbox"/> University/College
<input type="checkbox"/> Townhouse Dwelling	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Industrial Mall	<input type="checkbox"/> Public School
<input type="checkbox"/> Apartment Unit		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Private School
<input type="checkbox"/> Lodging Unit			<input type="checkbox"/> Church
			<input type="checkbox"/> Other

Number of Residential Units: _____	<u>Non-Residential Buildings:</u>
	Total GFA as of July 1, 1999: _____
Services available to the site: Municipal Water Supply Y / N	Proposed m ² GFA: _____
Sanitary Sewer Y / N	Total m ² GFA: _____

DEMOLITION WITHIN PAST FIVE (5) YEARS

Has demolition of buildings or structures occurred on this property within the past five (5) years?
 (check one) YES NO
 If yes, Residential Non-Residential

Demolition Permit No.: _____ Date of Issuance: _____
 Uses Demolished: _____ Services Available to Site:
 Number of Residential Units: _____ Municipal Water Supply Y / N
 Total Non-Residential GFA: _____ Sanitary Sewer Y / N

For Office Use Only:

Regional Certificate No. CAM- _____	Charge: \$ _____
Education Dev. Charge (W.C.D.S.B.)WC-CAM- _____	Charge: \$ _____
Education Dev. Charge (W.R.D.S.B.) DSB24-01- _____	Charge: \$ _____
City of Cambridge Development Charge (Full fee) (Less Infra)Charge: \$ _____	
TOTAL CHARGE	\$ _____

Questions regarding this form should be directed to the Development Charges Co-ordinator at 519.740.4650, Ext. 4598 or Ext. 4526. Personal information on this form is collected pursuant to the Development Charges Act and will be used for the purposes of calculating development charges and/or credits. Questions about the collection of personal information should be directed to the City's Freedom of Information and Privacy Co-ordinator in the Public Access and Council Services Department at 519.740.4680, Ext. 4079.