

Municipal Numbering

Receipt Number:	Office Use Only
File Number MN-	
Map Number:	
Date Submitted (yyyy-mm-dd):	

Applicant Information

First Name		Last Name		Company Name (if applicable)	
Street Number	Street Name			Suite/Unit Number	
City			Province		Postal Code
Telephone Number		Mobile Number		Email	

Property Information

Street Number(s)	Street Name				
	Former Municipality <input type="checkbox"/> East York <input type="checkbox"/> Etobicoke <input type="checkbox"/> North York <input type="checkbox"/> Scarborough <input type="checkbox"/> Toronto <input type="checkbox"/> York				

Registered Property Owner (Same as above: Yes No – Complete the following)

First Name		Last Name		Company Name (if applicable)	
Street Number	Street Name			Suite/Unit Number	
City			Province		Postal Code
Telephone Number		Mobile Number		Email	

Description of Activity (check all that apply)

<input type="checkbox"/> Committee of Adjustment decision or OMB order dated
<input type="checkbox"/> Part Lot Control exemption application
<input type="checkbox"/> New Subdivision
<input type="checkbox"/> Condominium with or without freehold parcels
<input type="checkbox"/> Addressing of whole lots
<input type="checkbox"/> Amalgamation of properties for new commercial or residential development
<input type="checkbox"/> Property currently unaddressed
<input type="checkbox"/> Proposed new main entrance facing another street
<input type="checkbox"/> Address change request (described)

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Supporting Documents provided (check all that apply)

<input type="checkbox"/> Draft Reference Plan	<input type="checkbox"/> Deposited Reference Plan	<input type="checkbox"/> Draft Plan of Subdivision
<input type="checkbox"/> Plan of Subdivision	<input type="checkbox"/> Plan of Survey	<input type="checkbox"/> Site Plan
<input type="checkbox"/> Ground Floor Plan	<input type="checkbox"/> Other	

I do hereby declare the following:

- That I am the owner of the property as indicated above
 the authorized agent of the owner of the property
 an officer / employee of _____ who is
an authorized agent of the owner of the property.
- That the information included in this application and in the documents filed with this application are correct to the best of my knowledge.

(The city reserves the right to verify the information provided)

Signature	Date (yyyy-mm-dd)
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Fee: \$	<input type="checkbox"/> MasterCard/ VISA/ <input type="checkbox"/> American Express	HST/GST REGISTRATION NUMBER: 86740 2299 RT0001
HST: \$		
Total: \$		

Completed form may be e-mailed to municipaladdress@toronto.ca However, sending personal information by e-mail is not a secure means of transmission.

Engineering and Construction Services collects personal information on this form under the legal authority of the Toronto Municipal Code, Chapter 598, Numbering of Properties, section 598-3. The information is used to administer the assignment/reassignment of municipal addresses. Questions about this collection can be directed to the Supervisor, Land and Property Surveys, Engineering and Construction Services, 18 Dyas Road, 4th Floor, Toronto, Ontario M3B 1V5 or by email to municipaladdress@toronto.ca.