



## **Town of Aurora**

### **Municipal Address Change Application Form**

#### **Planning And Development Services**

Phone: 905-726-4700

Fax: 905-726-4736

Email: [planning@aurora.ca](mailto:planning@aurora.ca)

#### **Town of Aurora**

100 John West Way,  
Box 1000, Aurora, ON L4G 6J1  
[www.aurora.ca](http://www.aurora.ca)

January 2025



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## Municipal Address Change

This Application Form is available in digital format on the Town's Website under Planning and Development Services or contact [planning@aurora.ca](mailto:planning@aurora.ca) via e-mail or by calling 905-726-4700 for a copy. A processing fee in the amount specified on the Fee Calculation Worksheet shall be made payable to **The Town of Aurora (Cheque)**. The fee must be delivered to Planning and Development Services at Town Hall located on the 3<sup>rd</sup> floor, quoting the address of the proposed development. Please note that this fee is **non-refundable** regardless of the outcome pertaining to this request. Planning Applications will not be accepted unless the full Application fee and required material is received.

The following information is required by The Town of Aurora to evaluate the potential for a Municipal Addressing Change.

### 1. Owner/Applicant/Agent Information

(Please list additional Property Owners on an attached schedule, if applicable)

**Registered Owner(s)** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Applicant(s)** \_\_\_\_\_

(If different than above)

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_



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## Municipal Address Change

### Agent(s)

(Solicitor/Consultant, if applicable) \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### 2. Send Correspondence to

(Check off the appropriate box)

Owner       Applicant       Agent       All

### 3. Reason For Address Change (Optional)

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Signature of Owner / Applicant / Agent

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Date



**Municipal Address Change**

**Affidavit**

I/We	of the Municipality of
In the Region of	
solemnly declare that all the statements contained in this Application Form are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of The <i>Canada Evidence Act</i> .	
SWORN before me at the(City/Town)	of(Municipality)
in the (Region, if Applicable)	of
This	day of , 20
Owner/Agent or Applicant	
Commissioner for Taking Affidavits, etc.	



**Municipal Address Change**

**Authorization Of Owner**

I/We,	
Hereby authorize (Name of Agent or person authorized to sign this Application Form)	
to act as our Agent to sign this Application Form, to appear on my/our behalf at any hearing(s) in respect of the Application and to provide any information or material required by the Town in connection with this Application Form and I/We hereby authorize the Town to collect such information from my/our client.	
Address	
Legal Description	
Signature(s) of Owner(s)	
Name of Corporation	
Name	Title
Dated this	day of , 20
Signing Officer Signature and Corporation seals, if applicable	
Per Name of Corporation	
Name	Title
I/We have the authority to bind the corporation	



## Municipal Address Change

### Public Record Notice and Release

**Public Record Notice: Pursuant to the section 1.0.1 of the *Planning Act*, R.S.O. 1990, c. P.13, all information and material required in support of your Application will be made available to the public.**

I understand and agree that my personal information, as well as any other information and material including, but not limited to, drawings, studies, plans, affidavits, etc., provided on this application form and/or required as part of this application, will be used to create a record that is available to the general public and I do hereby authorize and consent to the release, disclosure, copying and distribution of any such information and/or material to any person or public body.

I also understand and agree that The Corporation of the Town of Aurora (the "Town") is not responsible for protecting and/or enforcing copyrights or any other intellectual property rights that might attach to any information or material provided or submitted as part of this application.

By signing below, I agree to the foregoing and I also agree to release, waive and forever discharge the Town from all actions, claims, demands, losses, costs, damages, suits, proceedings or liabilities whatsoever related to: (a) the collection, handling and release of any information provided on this form and/or required as part of this application; and (b) any copyright or intellectual property rights that might attach to any information or material submitted as part of this application and made available to the public by the Town pursuant to section 1.0.1 of the *Planning Act*.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date



100 John West Way  
Aurora, Ontario  
L4G 6J1  
(905) 726-4700  
aurora.ca

Town of Aurora

# Fee Calculation Worksheet

Planning and Development Services

## Municipal Address Change Application

This Form must be completed by Applicant for calculation of fees

Breakdown of Fees		
Calculations	Fee	Total
Municipal Address Change Fees:	\$ 1,963.00	\$ _____
<b>Total Fee Amount</b>	<b>\$ 1,963.00</b>	<b>\$ _____</b>
Payment of Fees		
All fees set out herein shall be payable by cheque to the <b>Town of Aurora</b> upon the submission of this application. For the Application file to be complete, the required Application Fee must be paid in full before any processing of the Application will commence.		
Staff use only		
File Name: _____	File Number: _____	
Property Address / Legal Description: _____		
General Ledger Number 1-10-1093-52118-000000-000-000-0000 (PLMACA)		
Verification of Fees: Indicate Correct Total		\$ _____
Staff Name: _____	Date: _____	

January 2025