



Building and Planning Services Department
Municipal By-Law Enforcement
 82 Erie Street, 3rd Floor
 Stratford ON N5A 2M4

(519) 271-0250 Ext. 345
 building@stratford.ca
 www.stratford.ca

Group Home Registration Application Form

Comprehensive Zoning By-law 10-2022, as amended

Application Type	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal
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Subject Property

Name of Facility	
Address	
Mailing Address	
Email Address	
Phone Number	
Fax Number	

Operator

Name of Operator	
Address	
Name of Supervisor	
Email Address	
Phone Number	
Fax Number	

Name of any other Ministry or Agency with which the Group Home is registered, licensed or funded by:

Name	
Address	
Contact Person	
Email Address	
Phone Number	
Fax Number	

Group Home Information

Group Home means a building that is licensed or funded under an Act of Parliament of Canada or the Province of Ontario for the accommodations of persons exclusive of staff, living under the supervision and who, by reason of their emotional, mental, social or physical condition or legal status, require a group living arrangement for their wellbeing, but does not include a place maintained and operated primarily for the care of or occupation by inmates or persons placed under probation or released on parole or any other correctional purpose.

No person shall operate a group home, except in accordance with the following:

- a) A group home shall be permitted in a single detached dwelling, where it is permitted by this By-law, and provided that it complies with the regulations of the zone within which the group home is located;
- b) No other uses shall be permitted on a lot used as a group home;
- c) Parking for a group home shall be provided in accordance with Section 5.0 (Parking and Loading Requirements); and
- d) The maximum number of occupants in a group home shall be 10 persons, exclusive of staff.

Type of Group Home	
How many residents, exclusive of staff, will this group home provide accommodation for?	
Type of Dwelling	<input type="checkbox"/> Single Detached <input type="checkbox"/> Other: _____



I hereby certify the above information to be accurate and true.

If the owner is a corporation or partnership, I have authority to bind the corporation or partnership.

Signature of Applicant

Date

Printed Name of Applicant

Name of Facility

Notice of Collection

The personal information collected on this form is collected by the Corporation of the City of Stratford under the authority of the Municipal Act, 2001, and will be used by Infrastructure and Development Services staff for the purpose of administering the group home licensing program and for administrative purposes and may be made public. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, Ontario, N5A 6W1, or by telephone 519-271-0250 ext. 237 during business hours.

Application Review (For Staff Use Only)

- Zoning
 - Reviewed
 - Completed
 - Approved
- Building Permits Outstanding?
 - Yes _____
 - No
- Fire Department
 - Sent
 - Returned
 - Approved

Deemed as a completed application by: _____ Date: _____

