

**Municipal Licensing and Standards**

RentSafeTO: Apartment Building Standards

Registration

# Apartment Building Registration Form

## Purpose

Use this form to register an apartment building with the City of Toronto's RentSafeTO program. A separate registration form must be completed for each apartment building that you own. The registration will not be completed until all required information has been provided and all fees have been paid.

**Note:** It is contrary to the bylaw to provide inaccurate information.

The completed form should be sent to the RentSafeTO: Apartment Building Standards program. You can do this in two ways:

1. Via email to RentSafeTO@toronto.ca (please use your business email address); or
2. Via regular mail to:

RentSafeTO: Apartment Building Standards
1530 Markham Road, 3rd Floor
Toronto ON M1B 3G4

Once received, your application will be reviewed by RentSafeTO staff for completeness and a login and PIN will be generated and sent to the mailing address provided. The login and PIN are necessary to log into the RentSafeTO portal to pay fees and update your information.

Please be advised that all information collected on this form is business information. MFIPPA section 2 (2.1) states that personal information does not include the name, title, contact information or designation of an individual that identifies the individual in a business, professional or official capacity. Section 2 (2.2) states that for greater certainty, subsection (2.1) applies even if an individual carries out business, professional or official responsibilities from their dwelling and the contact information for the individual relates to that dwelling.

## 1. Building Owner Business Information

|  |  |
| --- | --- |
| First Name | Last Name |
|  Street Number | Street Name |  Suite/Unit Number |
| City/Town | Province | Postal Code |
| Telephone Number | Mobile Number (if applicable) |
| Email  |
| Corporation or Partnership Name (if applicable) |

## 2. Apartment Building Information

|  |  |  |
| --- | --- | --- |
|  Street Number | Street Name |  Suite/Unit Number |
| City/Town | Province | Postal Code |
| **Property type**Note: Social Housing is defined as:1. Toronto Community Housing Corporation
2. A not-for-profit provider of assisted or social housing under a program administered by the City of Toronto; and
3. A dedicated supportive housing provider funded by the Province of Ontario
 | [ ]  Rental Apartment [ ]  Social Housing[ ]  Other, please specify:  |
| **Year built** |  |
| **Number of storeys**Note: If the ground floor is only commercial and non-residential, please do not include this floor in the count. Basements should not be captured in this number. |  |
| **Number of residential units**Note: include residential basement units in this number. |  |

## 3. Building Contact Information

Enter one or more primary contacts below. The primary contact can be yourself or individual(s) who will be responsible for communicating with the City, updating building information, and paying the registration fee(s).

### 3.a. Person completing this form (please provide your business contact information)

|  |  |
| --- | --- |
| First Name | Last Name |
| Telephone Number | Mobile Number (if applicable) |
| Email  | Position Title  |

### 3.b. Primary Business Contact #1 (please provide your business contact information)

|  |  |
| --- | --- |
| First Name | Last Name |
|  Street Number | Street Name |  Suite/Unit Number |
| City/Town | Province | Postal Code |
| Telephone Number | Mobile Number (if applicable) |
| Email  | Position Title  |
| Is mailing address the same as identified in Part 1 (Building Owner Business Information), above?  | [ ]  Yes[ ]  No |

### 3.c. Primary Business Contact #2 (please provide your business contact information)

|  |  |
| --- | --- |
| First Name | Last Name |
|  Street Number | Street Name |  Suite/Unit Number |
| City/Town | Province | Postal Code |
| Telephone Number | Mobile Number (if applicable) |
| Email  | Position Title  |
| Is mailing address the same as identified in Part 1 (Building Owner Business Information), above?  | [ ]  Yes[ ]  No |

## 4. Building Registation Information

Please provide detailed information about the apartment building. All fields must be complete in order for the registration to be processed.

### 4.a. Building Operator

On-Site Superintendent (please provide your business contact information)

|  |  |
| --- | --- |
| First Name | Last Name |
| Telephone Number | Mobile Number (if applicable) |

Property Management (please provide your business contact information)

|  |  |
| --- | --- |
| **Company Name** |  |
| Property Manager First Name | Property Manager Last Name |
| Telephone Number | Mobile Number (if applicable) |
| Email  | Position Title  |
|  Street Number | Street Name |  Suite/Unit Number |
| City/Town | Province | Postal Code |

### 4.b. Barrier-Free Accessibility

|  |  |
| --- | --- |
| **Is there a barrier-free accessible entrance in the building?** Note: Accessible entrances provide direct access to persons using wheelchairs or scooters. Accessible entrances should have a nearby call bell, push button, or information telephone for persons requiring information or assistance. | [ ]  Yes[ ]  No |
| **Number of barrier-free accessible units** |  |

### 4.c. Elevators and Security

|  |  |
| --- | --- |
| **Number of elevators** |  |
| **Elevator status** | [ ]  Original[ ]  Replaced |
| **If elevators were replaced, what year were they replaced?** |  |
| **If elevators were replaced, what parts were replaced?** |  |
| **Date of last inspection by Technical Standards and Safety Authority (TSSA)** |  |
| **Is there a record of the last test required by TSSA?** | [ ]  Yes[ ]  No |
| **Does the building have balconies?** | [ ]  Yes[ ]  No |
| **Does the building have an intercom?** | [ ]  Yes[ ]  No |
| **What building security is in place?** | [ ]  Camera(s)[ ]  Guard(s)[ ]  Both[ ]  None[ ]  Other, please specify:  |
| **What type of locking system is in place?** | [ ]  Electric strike[ ]  Key[ ]  Magnetic lock[ ]  Other, please specify:  |

### 4.d. Garage and Parking

|  |  |
| --- | --- |
| **Does the building have an underground garage?** | [ ]  Yes[ ]  No |
| **Does the building have a ground-level garage?** | [ ]  Yes[ ]  No |
| **Is the garage accessible through the building?** | [ ]  Yes[ ]  No |
| **Does the building have a carport?** | [ ]  Yes[ ]  No |
| **Is there surface parking?** | [ ]  Yes[ ]  No |
| **Is there a parking deck?**  | [ ]  Yes[ ]  No |
| **What type of visitor parking is available?**  | [ ]  Free[ ]  Paid[ ]  Both free and paid[ ]  Visitor parking is not available |
| **How many accessible parking spaces are available?** |  |
| **Does the building have a dedicated bicycle parking area?**  | [ ]  Yes[ ]  No |
| **How many indoor bicycle parking spaces does the building have?**  |  |
| **How many outdoor bicycle parking spaces does the building have?**  |  |

### 4.e. Energy, Water, Heating, Ventilation, and Cooling

|  |  |
| --- | --- |
| **Heating type** | [ ]  Electric[ ]  Forced air[ ]  Hot water |
| **Heating equipment status** | [ ]  Original[ ]  Replaced |
| **What year was the heating equipment installed/replaced?** |  |
| **Air conditioning type** | [ ]  Central air[ ]  Individual units[ ]  None |
| **What year was the air conditioning installed/replaced?**  |  |
| **Is there an air-conditioned place (such as a cooling room) in the building accessible to tenants?** | [ ]  Yes[ ]  No |
| **Where is the air conditioned place (such as a cooling room) located?** |  |
| **Is there emergency power in the building?** | [ ]  Yes[ ]  No |
| **Is there a record of the annual emergency power supply test for this year?** | [ ]  Yes[ ]  No |
| **Are there separate hydro meters for each unit?** | [ ]  Yes[ ]  No |
| **Hydro service provider**  |  |
| **Are there separate water meters for each unit?** | [ ]  Yes[ ]  No |
| **Water service provider** |  |
| **Are there separate gas meters for each unit?** | [ ]  Yes[ ]  No |
| **Gas service provider** |  |

### 4.f. Solid Waste Management (Garbage and Recycling)

|  |  |
| --- | --- |
| **Garbage pick-up type**  | [ ]  City[ ]  Private |
| **Does the building have an indoor garbage storage area?**  | [ ]  Yes[ ]  No |
| **Does the building have an outdoor garbage storage area?**  | [ ]  Yes[ ]  No |
| **Is the outdoor garbage area enclosed/screened?**  | [ ]  Yes[ ]  No |
| **Does the building have recycling bins?**  | [ ]  Yes – location: [ ]  No |
| **Does the building have a garbage compactor room?**  | [ ]  Yes[ ]  No |
| **Does the building have garbage chutes?**  | [ ]  Yes[ ]  No |
| **Does the building have green bins/organics?**  | [ ]  Yes – location: [ ]  No |

### 4.g. Fire Services

|  |  |
| --- | --- |
| **Is there a Toronto Fire Services-approved Fire Safety Plan?** | [ ]  Yes[ ]  No |
| **Does the building have an exterior fire escape?**  | [ ]  Yes[ ]  No |
| **Does the building have a fire alarm?**  | [ ]  Yes[ ]  No |
| **Is there a record of the annual fire alarm and voice communication system test for this year?**  | [ ]  Yes[ ]  No |
| **Is there a record of the annual fire pump flow test for this year?**  | [ ]  Yes [ ]  No |
| **Is there a sprinkler system in all or part of the building?** | [ ]  Yes [ ]  No |
| **What year was the sprinkler system installed?**  |  |
| **Is there a record of the annual sprinkler system test for this year?** | [ ]  Yes [ ]  No |

### 4.h. Amenities

|  |  |
| --- | --- |
| **Does the building have a laundry room?** | [ ]  Yes[ ]  No |
| **Where is the laundry room located?**  |  |
| **What are the hours of operation for the laundry room?**  |  |
| **How many washing machines are there?**  |  |
| **How many dryers are there?**  |  |
| **Does the building have a locker or storage room?** | [ ]  Yes [ ]  No |
| **Does the building have an indoor recreation room?**  | [ ]  Yes [ ]  No |
| **Does the building have an indoor pool?** | [ ]  Yes [ ]  No |
| **Does the building have an outdoor pool?** | [ ]  Yes [ ]  No |
| **Does the building have any outdoor recreational facilities/** | [ ]  Yes [ ]  No |
| **Please describe the outdoor recreational facilities**  |  |
| **Does the building have an indoor exercise room?** | [ ]  Yes [ ]  No |
| **Please describe the indoor exercise room**  |  |
| **Does the building have a children's play area?** | [ ]  Yes [ ]  No |
| **Please describe the children's play area** |  |
| **Does the building have a sauna?** | [ ]  Yes [ ]  No |
| **Are pets allowed?** | [ ]  Yes [ ]  No |
| **If there are any pet restrictions, what are they?**  |  |
| **Is the building non-smoking?**  | [ ]  Yes [ ]  No |

### 4.i. Plans Required under Toronto Municipal Code, Chapter 354, Apartment Buildings

|  |  |
| --- | --- |
| **Has a cleaning plan been developed for this building that complies with the** [**Apartment Buildings Bylaw**](https://www.toronto.ca/legdocs/municode/toronto-code-354.pdf)**?** Note: see [RentSafeTO for Building Owners webpage](https://www.toronto.ca/community-people/housing-shelter/rental-housing-standards/apartment-building-standards/rentsafeto-for-building-owners/) for details on this plan. | [ ]  Yes[ ]  No |
| **Has an electrical maintenance plan been developed for this building that complies with the** [**Apartment Buildings Bylaw**](https://www.toronto.ca/legdocs/municode/toronto-code-354.pdf)**?** Note: see [RentSafeTO for Building Owners webpage](https://www.toronto.ca/community-people/housing-shelter/rental-housing-standards/apartment-building-standards/rentsafeto-for-building-owners/) for details on this plan. | [ ]  Yes[ ]  No |
| **Has a state of good repair plan (capital plan) been developed for the building that complies with the** [**Apartment Buildings Bylaw**](https://www.toronto.ca/legdocs/municode/toronto-code-354.pdf)**?** Note: see [RentSafeTO for Building Owners webpage](https://www.toronto.ca/community-people/housing-shelter/rental-housing-standards/apartment-building-standards/rentsafeto-for-building-owners/) for details on this plan. | [ ]  Yes[ ]  No |
| **Has a waste management plan been developed for this building that complies with the** [**Apartment Buildings Bylaw**](https://www.toronto.ca/legdocs/municode/toronto-code-354.pdf)**?**Note: see [RentSafeTO for Building Owners webpage](https://www.toronto.ca/community-people/housing-shelter/rental-housing-standards/apartment-building-standards/rentsafeto-for-building-owners/) for details on this plan. | [ ]  Yes[ ]  No |
| **Has a Voluntary Tenant Contact List been developed for the building?** Note: see [RentSafeTO for Building Owners webpage](https://www.toronto.ca/community-people/housing-shelter/rental-housing-standards/apartment-building-standards/rentsafeto-for-building-owners/) for details on what is required.  | [ ]  Yes[ ]  No |
| **Has a Vital Service Disruption Plan been developed and completed on the City-provided template?**Note: see [RentSafeTO for Building Owners webpage](https://www.toronto.ca/community-people/housing-shelter/rental-housing-standards/apartment-building-standards/rentsafeto-for-building-owners/) for details on this plan. This plan **must** be completed on the template provided on the website.  | [ ]  Yes[ ]  No |

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