

**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](mailto: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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