

# State of Good Repair (Capital) Plan

## Purpose

Apartment building owners/operators must register under the City of Toronto's RentSafeTO: Apartment Building Standards program and use this form to record their building's state of good repair plan (also called a capital plan). If they own or operate more than one apartment building, a separate form must be completed for each building.

Under the Apartment Buildings Bylaw ([Toronto Municipal Code Chapter 354, Apartment Buildings](#)), apartment building owners/operators must:

- Maintain and keep a current state of good repair plan that includes a comprehensive FIVE-YEAR forecast of anticipated repairs and improvements of capital and common elements, as well as other work that may impact tenants' access to, or enjoyment of, the property. A state of good repair plan includes a list of the capital and common elements of the apartment building and a date upon which each element will be scheduled to be replaced or updated; and
- Provide a copy of the state of good repair plan to any tenant or prospective tenant.

The City may request this form during an evaluation, audit, or investigation, to assess its completeness. The apartment building owner/operator is required to immediately produce this completed form at any time that the City requests it. The City can lay charges against owners/operators who fail to provide this form, which may result in a fine of up to \$100,000 on conviction (or more if a daily fine is imposed).

The latest version of this form can be found online at [toronto.ca/RentSafeTO](http://toronto.ca/RentSafeTO). Questions about this form can be directed to [RentSafeTO@toronto.ca](mailto:RentSafeTO@toronto.ca).

Information collected on this form is business information and will be maintained as a public record.

## Supports for building owners

The City's [Tower Renewal](#) and [Better Buildings Partnership](#) programs can connect apartment building owners with support and financing to help reduce operating costs, increase building value, and improve the environmental efficiency and quality of life for residents.

- For building assessments and technical guidance on retrofits, as well as utility benchmarking, visit [STEP](#) or [Navigation Services](#).
- For financing for energy and water efficiency projects, visit [Hi-RIS](#) or [Energy Retrofit Loan](#) programs.

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## 1. Date Completed

When was this form completed?  
(mm/dd/yyyy)

## 2. Apartment Building Information

Street Number	Street Name		
City/Town	Province	Postal Code	
<b>Property type</b>  Note: Social Housing is defined as: <ol style="list-style-type: none"> <li>Toronto Community Housing Corporation</li> <li>A not-for-profit provider of assisted or social housing under a program administered by the City of Toronto; and</li> <li>A dedicated supportive housing provider funded by the Province of Ontario</li> </ol>		<input type="checkbox"/> Apartment Building  <input type="checkbox"/> Social Housing	
<b>Year built</b>			
<b>Number of storeys</b>  Note: If one or more floors are only non-residential, do not include these floors in the number. Do not include basements in the number.			
<b>Number of residential units</b>  Note: include residential units in the basement in this number.			

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

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town	Province	Postal Code	
Telephone Number		Secondary Telephone Number (if applicable)	
Email			
Position Title			
Corporation or Partnership Name (if applicable)			

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Using the table below, indicate when each element was last replaced/repaired or maintained and when it is next expected to be replaced/repaired or maintained. You may include comments to provide more information about the element. For example, indicating the current condition of the element, the date of last inspection by the appropriate regulatory authority, whether there are any upcoming inspections scheduled.

4. State of Good Repair (Capital) Plan			
CAPITAL OR COMMON ELEMENT	YEAR LAST REPLACED/REPAIRED OR MAINTAINED (Select One)	YEAR SCHEDULED TO BE REPLACED/REPAIRED OR MAINTAINED (Select One)	COMMENTS (for example: description of repair or maintenance, condition of element, last inspection date)
<b>1. Balcony Guards</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repaired or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year:  <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
<b>2. Building Façade</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repaired or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year:  <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
<b>3. Elevators</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repaired or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> TSSA Inspection Certificate Issued and  <b>Select One</b> <input type="checkbox"/> Requires immediate replacement/repairs Year:  <input type="checkbox"/> Modernized within 5 years Year:  <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
<b>4. Emergency Power</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repaired or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Requires immediate replacement/repairs Year:  <input type="checkbox"/> Within 5 years Year:  <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	

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CAPITAL OR COMMON ELEMENT	YEAR LAST REPLACED/REPAIRED OR MAINTAINED (Select One)	YEAR SCHEDULED TO BE REPLACED/REPAIRED OR MAINTAINED (Select One)	COMMENTS (for example: description of repair or maintenance, condition of element, last inspection date)
5. Exterior Guards and Handrails	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
6. Fire Alarm System	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Requires immediate replacement/repairs Year: <input type="checkbox"/> Within 5 years <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
7. Garbage Collection Equipment	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
8. Garbage Rooms and Chutes	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
9. Interior Flooring	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
10. Interior Guards and Handrails	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	

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<b>11. Internal Wall Finishes (plaster, drywall, stucco)</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
<b>12. Mechanical HVAC Systems:</b>			
<b>a. Boiler</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Requires immediate replacement/repai rs Year: <input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
<b>b. Hot water tank(s)</b>	<input type="checkbox"/> Year <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Requires immediate replacement/repai rs Year: <input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
<b>c. Chiller(s)</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Requires immediate replacement/repai rs Year: <input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	

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<b>d. Other, please specify</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Requires immediate replacement/repairs Year:  <input type="checkbox"/> Within 5 years Year:  <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
<b>13. Roof membrane, flashing or anchors</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year:  <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
<b>14. Building access &amp; Emergency Exits (including if applicable security cameras)</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year:  <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
<b>15. Standpipe and Sprinklers</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Requires immediate replacement/repairs Year:  <input type="checkbox"/> Within 5 years Year:  <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
<b>16. Surface Parking Areas</b>	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year:  <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	

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17. Underground Parking Garage	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
18. Windows	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built <input type="checkbox"/> Not applicable: building does not have this element	<input type="checkbox"/> Within 5 years Date/Location of replacement/repairs: <input type="checkbox"/> Between 5 to 10 years Date/Location of replacement/repairs: <input type="checkbox"/> More than 10 years Date/Location of replacement/repairs:	
19. Other:	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built	<input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
20. Other:	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built	<input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
21. Other:	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built	<input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	
22. Other:	<input type="checkbox"/> Year: <input type="checkbox"/> Has not been replaced/repai red or maintained since building was built	<input type="checkbox"/> Within 5 years Year: <input type="checkbox"/> Between 5 to 10 years <input type="checkbox"/> More than 10 years	