

Municipal Numbering

Receipt Number:	Office Use Only
File Number MN-	
Map Number:	
Date Submitted (yyyy-mm-dd):	

Applicant Information

First Name	Last Name	Company Name (if applicable)
Street Number	Street Name	Suite/Unit Number
City	Province	Postal Code
Telephone Number	Mobile Number	Email

Property Information

Street Number(s)	Street Name
	Former Municipality <input type="checkbox"/> East York <input type="checkbox"/> Etobicoke <input type="checkbox"/> North York <input type="checkbox"/> Scarborough <input type="checkbox"/> Toronto <input type="checkbox"/> York

Registered Property Owner (Same as above: ☐ Yes ☐ No – Complete the following)

First Name	Last Name	Company Name (if applicable)
Street Number	Street Name	Suite/Unit Number
City	Province	Postal Code
Telephone Number	Mobile Number	Email

Description of Activity (check all that apply)

<input type="checkbox"/> Committee of Adjustment decision or OMB order dated
<input type="checkbox"/> Part Lot Control exemption application
<input type="checkbox"/> New Subdivision
<input type="checkbox"/> Condominium with or without freehold parcels
<input type="checkbox"/> Addressing of whole lots
<input type="checkbox"/> Amalgamation of properties for new commercial or residential development
<input type="checkbox"/> Property currently unaddressed
<input type="checkbox"/> Proposed new main entrance facing another street
<input type="checkbox"/> Address change request (described)

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Supporting Documents provided (check all that apply)

<input type="checkbox"/> Draft Reference Plan	<input type="checkbox"/> Deposited Reference Plan	<input type="checkbox"/> Draft Plan of Subdivision
<input type="checkbox"/> Plan of Subdivision	<input type="checkbox"/> Plan of Survey	<input type="checkbox"/> Site Plan
<input type="checkbox"/> Ground Floor Plan	<input type="checkbox"/> Other	

I do hereby declare the following:

- That I am ☐ the owner of the property as indicated above
☐ the authorized agent of the owner of the property
☐ an officer / employee of _____ who is
an authorized agent of the owner of the property.
- That the information included in this application and in the documents filed with this application are correct to the best of my knowledge.

(The city reserves the right to verify the information provided)

Signature

Date (yyyy-mm-dd)

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Fee: \$	<input type="checkbox"/> MasterCard/ VISA/ <input type="checkbox"/> American Express	HST/GST REGISTRATION NUMBER: 86740 2299 RT0001
HST: \$		
Total: \$		

Completed form may be e-mailed to municipaladdress@toronto.ca However, sending personal information by e-mail is not a secure means of transmission.

Engineering and Construction Services collects personal information on this form under the legal authority of the Toronto Municipal Code, Chapter 598, Numbering of Properties, sections 598-3 and 598-4. The information is used to administer the assignment/reassignment of municipal addresses. Questions about this collection can be directed to the Supervisor, Land and Property Surveys, Engineering and Construction Services, 18 Dyas Road, 4th Floor, Toronto, Ontario, M3B 1V5 or by email at land@toronto.ca.