



# SMITHS FALLS

RISE AT THE FALLS

## Residential Development Charges Information (Form DC1)

Important: This form is a requirement of the Town Building By-law (Form upd. 07/22)

<b>SECTION A: Completed by Applicant</b>			Date:	File Reference #:
Contact Name:		Phone Number:		
Lot #	Conc. #	Plan #	E-Mail:	
Municipal Address:			Roll #	
Unit Type	Single/Semi Detached	Row Dwelling	Apartment Dwelling	Total
Number of Units				
<b>RESIDENTIAL DEVELOPMENT</b>				
1). Is this application for a new building?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2). Is this an application for an expansion of an existing building?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
• If yes, what is the gross floor area of the existing building?		_____		
• What is the gross floor area of the addition?		_____		
3). Has an existing residential building on the site been demolished?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
• If yes, what was the date of the demolition?		_____		
• What were the number of residential units?		_____		
<b>NON-RESIDENTIAL DEVELOPMENT (If mixed use; see By-law schedule 'C')</b>				
1). Is this an application for a new building?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2). Is this an application for expansion of an existing building?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
• If yes, what is the gross floor area of new space?		_____		
3). What is the intended use of new property? Residential only <input type="checkbox"/> ; Or Mixed Use Residential <input type="checkbox"/>				
• Where mixed use non-residential, what is the gross floor area of new space?		_____		

Applicant's Signature: \_\_\_\_\_

Note: *The Development Charges Act is applicable law; For all further information see the Act and By-law*

**SECTION B: To be completed by the Town of Smiths Falls**

Staff Initials: \_\_\_\_\_

**Development Charge Levy** collection due prior to issuance of Building Permit (or when filing BP or asap)

Per Schedule 'B' to By-Law No. 10324-2022	<b>*Residential Charge by Unit Type</b>			TOTAL # of Units = _____
	<input type="checkbox"/> Single & Semi-Detached	<input type="checkbox"/> Row House & Other Multiple Types	<input type="checkbox"/> Apartment Unit Types	
Library Services	\$ 607	\$ 485	\$ 364	
Parks & Recreation	\$ 1,961	\$ 1,569	\$ 1,176	
Fire Protection Services	\$ 1,032	\$ 825	\$ 619	
Police Services	\$ 976	\$ 781	\$ 585	
Development Related Studies	\$ 326	\$ 261	\$ 196	
Public Works	\$ 552	\$ 442	\$ 331	
Roads & Related	\$ 3,746	\$ 2,997	\$ 2,247	
Water Services	\$ 2,360	\$ 1,888	\$ 1,416	
Wastewater Services	\$ 970	\$ 776	\$ 582	
<b>*Total Charge by Unit Type</b>	<b>\$ 12,530</b>	<b>\$ 10,024</b>	<b>\$ 7,516</b>	

**Total amount to be collected for The Town of Smiths Falls:**

\$

Part amount previously collected: \$ \_\_\_\_\_

YYYY\MM\DD    \_\_\_\_\\_\_\\_\_

Balance Due: \$ \_\_\_\_\_ Date Fully Paid:

YYYY\MM\DD    \_\_\_\_\\_\_\\_\_

Approved signature: \_\_\_\_\_

YYYY\MM\DD    \_\_\_\_\\_\_\\_\_