



Infrastructure and Development Services Department

82 Erie Street, 3rd Floor

Stratford ON N5A 2M4

(519) 271-0250 Ext. 345

www.stratford.ca

Bed and Breakfast Applicant Package

Applicant Bed & Breakfast Checklist

To determine the Application to Licence a Bed and Breakfast is complete, please review the checklist below:

Note: BED AND BREAKFAST ESTABLISHMENT means a dwelling unit that includes the living accommodations of the principal resident of the establishment and containing at least 1 bedroom for their exclusive use and containing at least one (1) accessory guest room for the purposes of supplying temporary overnight living accommodation for the traveling or vacationing public throughout any part of a calendar year. Bed and breakfast establishments shall not include a restaurant, hotel, inn, short term rental accommodation, boarding house dwelling, nursing home, or any home licensed, approved or supervised under any general or special Act. The principal use of the dwelling shall be for residential purposes and the bed and breakfast establishment shall be an ancillary use to the main residential use. Guest rooms shall not be suites and shall not include separate dining areas or facilities for the preparation of food.

Dwelling Unit definition:

A self-contained suite of habitable rooms in a building, occupied by a person as its principal residence as independent and separate living quarters in which kitchen and sanitary facilities are provided and which is independently accessible from outside the building or from a common hallway or stairway inside the building.

- ☐ Application filled out.
- ☐ Declaration of applicant
- ☐ Operation commencement date (Proof required)
- ☐ A plan of survey by an Ontario Land Surveyor or accurate site plan drawn to scale by a qualified designer that includes
 - A. Property Dimensions
 - B. Location of house on property
 - C. Setback from all property lines
 - D. Location and dimension of driveway
 - E. Location and dimension of parking spaces
 - F. Location and dimension of rear yard amenity space
- ☐ Floor Plan that includes
 - A. Floor plan of each floor

- B. Accessible attic floor plan
- C. Basement floor plan
- D. Use of each room
- E. Guestrooms identified
- F. Owners' bedroom identified
- ☐ Liability Insurance (\$ 2,000,000) (two – million)
- ☐ Application Fee

If all boxes have been checked off then you have any application which will enable to City of Stratford to start the review process.

Contact Name	Contact Information
Kelton Frey, By-Law Enforcement Officer	Phone: 519-271-0250 extension 200 Email: kfrey@stratford.ca
Kamil Wierzbicki, By-Law Enforcement Officer	Phone: 519-271-0250 extension 327 Email: kwierzbicki@stratford.ca
Trevor Schon, Municipal Building Official II	Phone: 519-271-0250 extension 216 Email: tschon@stratford.ca
Kelsey Hammond, Chief Building Official	Phone: 519-271-0250 extension 217 Email: khammond@stratford.ca
Scott Petrie, Director of Fire Prevention	Phone: 519-271-3212 Email: spetrie@stratford.ca

Note: Incomplete applications will not be accepted by the City of Stratford.



Building and Planning Services Department
Municipal By-Law Enforcement
82 Erie Street, 3rd Floor
Stratford ON N5A 2M4

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building@stratford.ca
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Application to License an Accessory Guest Room, or Bed & Breakfast Establishment

By-law #180-2004, as amended

Please complete this form in its entirety.

Is this a renewal application or a new application?	<input type="checkbox"/> Renewal application <input type="checkbox"/> New application
Business Name of Accessory Guest Room, or Bed & Breakfast Establishment	
Owner Name	
Address & Postal Code	
Phone Number	
Fax Number	
Email Address	

Date when establishment began operation:	
Does the owner reside in the dwelling as their permanent residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of person residing in dwelling: _____
Does the owner reside in the dwelling during the time guestrooms are rented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Dwelling:	<input type="checkbox"/> Single detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment
Total number of bedrooms in the dwelling:	

Number of guest rooms proposed:	
Are there any bedroom(s) located in the basement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of parking spaces available on site: <i>Each space must measure 2.4m x 5.6m (8' x 18.3') and meet zoning by-law requirements as to location.</i>	

Please list the motor vehicles used and/or stored by permanent residents:

Vehicle Number	License Plate Numbers	Colour, Make and Model

Do you have a swimming pool on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the pool available for guest use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you serving meals other than breakfast?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you serving meals to people who are not overnight guests at your establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Required Documentation for License Application:

- ☐ Application Form
- ☐ Applicable Fee (Cash, Cheque, Debit, or Credit Card)
- ☐ Proof of separate liability insurance coverage for the Accessory Guest Room or Bed & Breakfast Establishment in the amount of a minimum of \$5,000,000.00 for term of License. *The application will not be accepted or processed without proof of coverage.*

Required Documents for New application or where changes from original approval:

- ☐ 1 copy of the survey or site plan
 - ☐ A plan of survey completed by an Ontario Land Surveyor, OR
 - ☐ An accurate site plan, drawn to scale, by a qualified designer that includes:

- Property dimensions
 - Location of house on property
 - Setbacks from all property lines
 - Location and dimension of driveway
 - Location and dimension of parking spaces
 - Location and dimensions of rear yard landscaped open space and amenity space
- ☐ 1 copy of the floor plan
- Floor plan for each floor, identifying the use of each room. Label rooms by name, physical description, or location.
 - Identify which rooms are owner occupied.
 - This includes a sketch of the basement and accessible attic.

I hereby certify the above information to be accurate and true.

If the owner is a corporation or partnership, I have authority to bind the corporation or partnership.

Signature of Applicant

Date

Notice of Collection

The personal information collected on this form is collected by the Corporation of the City of Stratford under the authority of the Municipal Act, 2001, and will be used by Infrastructure and Development Services staff for the purpose of administering the trades licensing program and for administrative purposes and may be made public. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, Ontario, N5A 6W1, or by telephone 519-271-0250 ext. 237 during business hours.