Qualified Person's Report

Pursuant to the Rental Repairs and Renovations Licensing By-Law 0039-2026

City of Mississauga
Licensing, Permits, & Regulatory Services
950 Burnhamthorpe Road West
Mississauga Ontario L5C 3B4
Tel: 905-615-4311
Fax: 905-615-3374

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Your personal information is collected under the authority of the Rental Repairs and Renovations Licensing By-Law 0039-2026. This information will be used for the purpose of administering, licensing, regulating and governing your business in accordance with applicable laws and regulations. If you have any questions about the way this information is collected please contact the Manager, Licensing, Permits & Regulatory Services, at 950 Burnhamthorpe Road West, Mississauga ON L5C 3B4, or at 311 (905-615-4311 outside City limits).

The City of Mississauga's Rental Repairs and Renovations By-law 0039-2026 requires Landlords applying for a Licence to submit, as part of their Application, a Report from a Qualified Person confirming that the proposed repairs or renovations are sufficiently extensive to necessitate vacant possession of the Rental Unit.

A Qualified Person is defined under section 2 of By-law 0039-2026 as "a person licensed by and in good standing with the Ontario Association of Architects or the Professional Engineers Ontario, including such other professional as may be deemed qualified in Ontario by the Licence Manager, from time to time".

Residential Complex and Unit Information

Municipal Address

Unit Number Where Vacant Possession is Required

Building Permit Application Number

Scope of Work Proposed

Qualified Person Information (Select one)

☐ **Where Qualified Person is a licensed Architect or Engineer in Ontario**

Last Name

First Name

Professional Title

Professional Licence Number

Business Name

Business Address

Email Address

Telephone Number

Licensing Body

<Licensing Body>

☐ **Where Qualified Person is NOT a licensed Architect or Engineer in Ontario**

Last Name

First Name

Professional Title

Professional Licence Number (where applicable)

Business Name

Business Address

Email Address

Telephone Number

Licensing or Regulatory Body (if applicable)

Please provide the basis for your qualification and attach a recent Resume or Curriculum Vitae to this form

Attestation

Based on the scope of work described within or related to Building Permit Application Number

(Application Number) I, (Qualified Person Name)

hereby confirm that (Unit Number) at (Municipal Address)

requires vacant possession.

Explanation for Vacancy

Please provide the reasons why vacant possession of the Rental Unit is required.

Signature

Qualified Person Name

Qualifed Person Signature

Date (YYYY MM DD)

Professional Seal or Stamp (where applicable)