

# APPLICATION FOR A PERMIT TO CONSTRUCT OR DEMOLISH

FOR USE BY PRINCIPAL AUTHORITY	
Application Number	Permit Number (if different)
Date Received	Roll Number

Application submitted to: *(insert name of municipality, upper-tier municipality, board of health or conservation authority)*

## A PROJECT INFORMATION

Building Number, Street Name	Unit Number	Lot/Concession Number
	Postal Code	Plan Number/Other Description
Project Value Estimate \$	Area of Work (m <sup>2</sup> )	

## B APPLICANT INFORMATION

Include full contact details and mailing address

**Applicant is:**  owner    or     authorized agent of owner

Last Name	First Name	Corporation or Partnership	
Street Address		Unit Number	Lot/Concession Number
Municipality	Province	Postal Code	E-mail
Telephone Number (    )	Fax Number (    )	Cell Number (    )	

## C OWNER INFORMATION (if different from applicant)

Include full contact details and mailing address

Last Name	First Name	Corporation or Partnership	
Street Address		Unit Number	Lot/Concession Number
Municipality	Province	Postal Code	E-mail
Telephone Number (    )	Fax Number (    )	Cell Number (    )	

## D BUILDER INFORMATION (optional)

Include full contact details and mailing address

Last Name	First Name	Corporation or Partnership	
Street Address		Unit Number	Lot/Concession Number
Municipality	Province	Postal Code	E-mail
Telephone Number (    )	Fax Number (    )	Cell Number (    )	



# PLANS AND SPECIFICATIONS

## RE: CONSTRUCTION

New                       Addition                       Alteration / Repair

To be used in conjunction with the Application for Permit to Construct where authorized by Principal Authority

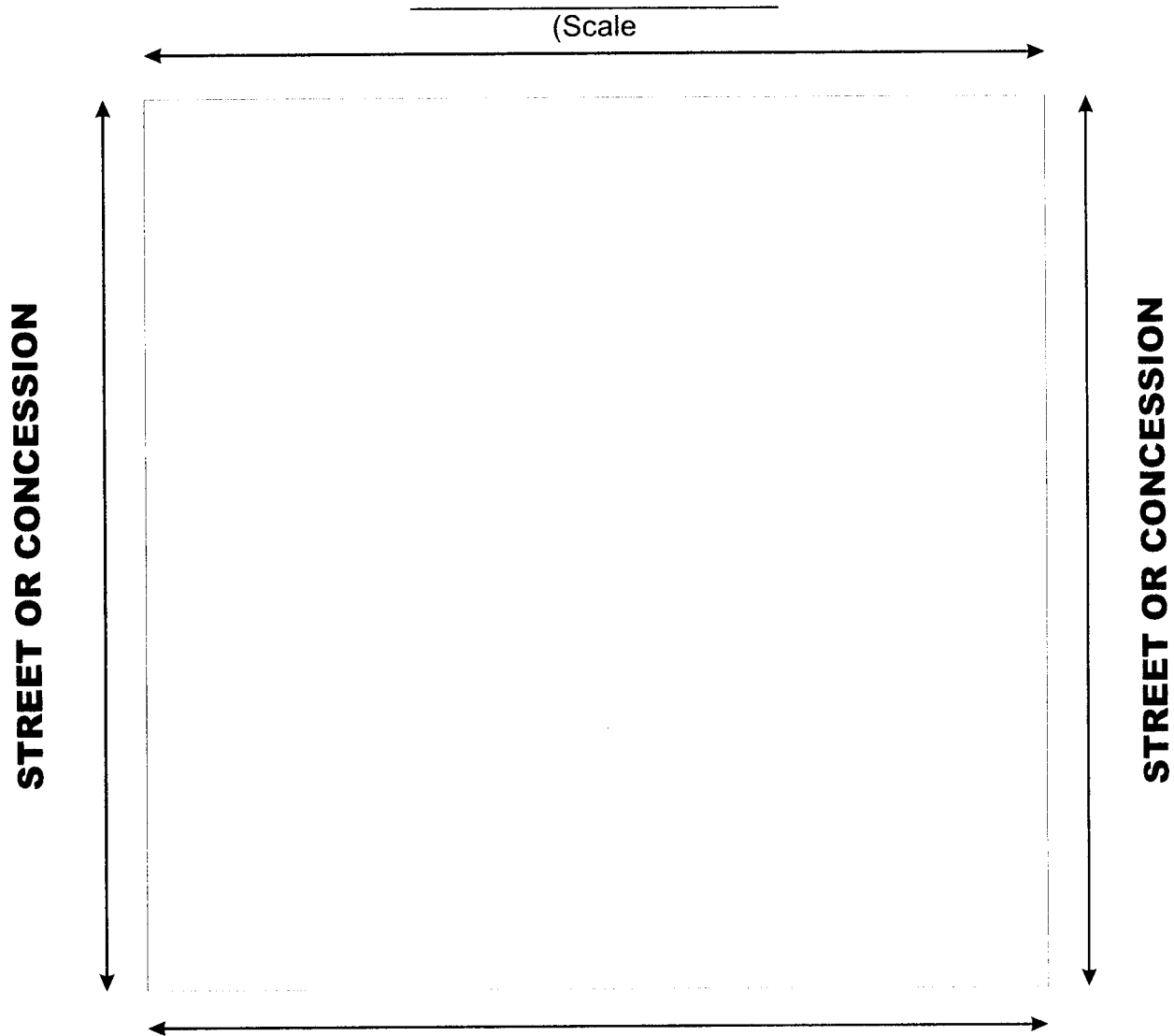
A PROJECT INFORMATION		
Building Number, Street Name	Unit Number	Lot/Concession Number
Municipality	Postal Code	Plan Number/Other Description

B CONSTRUCTION SPECIFICATIONS	
1. No. of Storeys	..... If existing, work will be done on what storeys? .....
2. Street and Number	..... on the ..... side
3. Between	..... and .....
4. Zone	..... Corner Lot <input type="checkbox"/>
5. Dimensions	.....
6. Main use - (specify building use and Zoning By-law No.)	.....
7. Garage - parking facilities will be provided for	..... cars, as stipulated in the Off-Street Parking Section of the Zoning By-law.
8. Size of Building: W	..... L ..... H ..... Existing: W ..... L ..... H .....
9. Set back: Side yard	..... Side yard ..... Rear yard ..... Front yard. ....
	Minimum .....
10. Construction - type	Frame <input type="checkbox"/> Protected Frame <input type="checkbox"/> Veneer <input type="checkbox"/> Masonry <input type="checkbox"/>
	Reinforced Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other <input type="checkbox"/> (specify) .....
11. Soil - type:	..... Are special foundations required? Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Foundation walls - thickness:	..... Poured <input type="checkbox"/> Blocked <input type="checkbox"/> Other <input type="checkbox"/> (specify) .....
13. Footing size:	.....
14. Water: Municipally operated	Available <input type="checkbox"/> Required <input type="checkbox"/> Other <input type="checkbox"/> (specify) ..... PUC approved <input type="checkbox"/>
15. Plumbing: W.C.	<input type="checkbox"/> Lav. <input type="checkbox"/> Tubs <input type="checkbox"/> Other <input type="checkbox"/> (specify) .....
16. Hydro: Available on site	<input type="checkbox"/> Required <input type="checkbox"/> PUC approved <input type="checkbox"/>
17. Heating: Gas	<input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Add'l transformer required <input type="checkbox"/>
	Other <input type="checkbox"/> (specify) .....
18. Ventilation:	Number of fans ..... Fan rating ..... CFM
19. Sewers: Available	<input type="checkbox"/> If not, Septic Tank <input type="checkbox"/> M.O.H. approved <input type="checkbox"/>
20. Surveyor's stakes: Visible	<input type="checkbox"/> Fences - erected for more than ten years Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Brief description of work. (Where application is for demolition also include structural design characteristics of the building and method of demolition)	..... ..... .....
22. Floor load:	.....
23. Highway - street access: Engineer or Road Superintendent approval	<input type="checkbox"/> Name: .....
24. Has any property that may be affected by this application been designated under the Ontario Heritage Act?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Has any property that may be affected by this application been included in the register of property situated in the municipality that is of cultural heritage value or interest as authorized by the Ontario Heritage Act?	Yes <input type="checkbox"/> No <input type="checkbox"/>

All of the statements and representations contained in the attached documents filed in support of the application shall be deemed part of the application for all purposes. Sufficient information shall be submitted with each application to enable the Chief Building Official to determine whether or not the proposed work will conform with the *Building Code Act, 1992* and regulations thereunder and any other applicable law.

The personal information on the application was collected pursuant to the *Building Code Act, 1992* and forms part of a public record open to inspection by any person upon request at the office of the clerk during normal office hours. See the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56, s. 14 (1) (c)*.

**C COPY OF PLOT PLAN**



**D DECLARATION**

I, \_\_\_\_\_ certify the truth of all the statements or representations contained therein.

I understand that the issuance of a permit shall not be deemed a waiver of any of the provisions of any by-laws or requirements of the *Building Code Act, 1992*, or regulations made thereunder, notwithstanding anything included in or omitted from the plans or other material filed in support of or in connection with an application.

I acknowledge that in the event a permit is issued, any departure from specific conditions, plans, specifications or building locations proposed in the application is prohibited and such could result in the permit being revoked.

I further acknowledge that in the event the permit is revoked for any cause or irregularity or non-conformity with by-laws or requirements of the *Building Code Act, 1992*, or regulations made thereunder, there shall be no right of claim whatsoever against the municipal corporation or any official thereof and any such claim is hereby expressly waived.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

# SCHEDULE 1 – DESIGNER INFORMATION

Use one form for each individual\* who reviews and takes responsibility for design activities with respect to the project

A PROJECT INFORMATION			
Building Number, Street Name		Unit Number	Lot/Concession Number
Municipality	Postal Code	Plan Number/Other Description	

B INDIVIDUAL WHO REVIEWS AND TAKES RESPONSIBILITY FOR DESIGN ACTIVITIES			
Include full contact details and mailing address			
Name		Corporation or Partnership	
Street Address		Unit Number	Lot/Concession Number
Municipality	Province	Postal Code	E-mail
Telephone Number ( )	Fax Number ( )	Cell Number ( )	

C DESIGN ACTIVITIES UNDERTAKEN BY INDIVIDUAL IDENTIFIED IN SECTION B			
(Building Code, 2006, Div. C, Part 3, Table 3.5.2.1.)			
House	Complex Buildings	Detection, Lighting and Power	Plumbing - House
Small Buildings	HVAC - House	Fire Protection	Plumbing - All Buildings
Large Buildings	Building Services	Building Structural	On-site Sewage Systems
Description of Designer's Work			

D DECLARATION OF DESIGNER	
I _____ declare that:	
[Choose one as appropriate]	
<input type="checkbox"/>	I review and take responsibility for the design work on behalf of a partnership / corporation registered under Div. C, Part 3, Subsection 3.2.4. of the Building Code, 2006.
I am qualified, and the partnership / corporation is registered, in the appropriate classes / categories.	
Individual BCIN: _____	
Partnership / Corporation BCIN: _____	
<input type="checkbox"/>	I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under Div. C, Part 3, Subsection 3.2.5 of the Building Code, 2006.
Individual BCIN: _____	
Basis for exemption from registration: _____	
<input type="checkbox"/>	The design work is exempt from the registration and qualification requirements of the Building Code, 2006.
Basis for exemption from registration and qualification: _____	
I certify that:	
1. The information contained in this Schedule is true to the best of my knowledge.	
2. I have authority to bind the corporation or partnership (if applicable).	
_____	_____
Date	Signature of Designer

\*For the purposes of this form, "individual" means the "person" referred to in Div. C, Part 3, Clause 3.2.4.7 (1)(d), Div. C, Part 3, Article 3.2.5.1, and all other persons who are exempt from qualification under Div. C, Part 3, Subsection 3.2.4, and Div. C, Part 3, Subsection 3.2.5.

NOTE:  
 Schedule 1 does not need to be completed by architects, or holders of a certificate of practice or a temporary licence under the *Architects Act*.

## SCHEDULE 2 – SEWAGE SYSTEM INSTALLER INFORMATION

A PROJECT INFORMATION			
Building Number, Street Name		Unit Number	Lot/Concession Number
Municipality	Postal Code	Plan Number/Other Description	

B SEWAGE SYSTEM INSTALLER INFORMATION
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code, 2006, Div. C, Part 3, Article 3.3.1.1.?
<input type="checkbox"/> YES (Complete Sections C and D) <input type="checkbox"/> NO (Continue to Section E) <input type="checkbox"/> Installer unknown at time of application (Continue to Section E)

C REGISTERED INSTALLER INFORMATION (where answer to Section B is "YES")				
Include full contact details and mailing address				
Name of registered individual, corporation or partnership			BCIN	
Street Address			Unit Number	Lot/Concession Number
Municipality	Province	Postal Code	E-mail	
Telephone Number (    )	Fax Number (    )	Cell Number (    )		

D QUALIFIED SUPERVISOR INFORMATION (where answer to Section B is "YES")	
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E DECLARATION OF APPLICANT
I _____ declare that: <span style="margin-left: 100px;">(print name)</span>
<input type="checkbox"/> I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known.
<b>OR</b>
<input type="checkbox"/> I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2 now that the installer is known.
I certify that:
1. The information contained in this Schedule is true to the best of my knowledge.
2. I have authority to bind the corporation or partnership (if applicable).
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>_____ Date</span> <span>_____ Signature of Applicant</span> </div>