

APPLICATION FOR A PERMIT TO CONSTRUCT OR DEMOLISH

Building Code, 2006, O.Reg. 350/06.
Div. C, Part 1, Sentence 1.3.1.2. (2)

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 ²)	

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 ()	

ORIGINAL - Principal Authority

COPY - Applicant

Complete Page 2 and
Schedules where applicable

E PURPOSE OF APPLICATION

☐ New Construction ☐ Addition to an existing building ☐ Alteration / Repair ☐ Demolition ☐ Conditional permit

Proposed use of building:

Current use of building

Description of proposed work:

F TARIION WARRANTY CORPORATION (Ontario New Home Warranty Program)

- i. Is proposed construction for a home as defined in the *Ontario New Home Warranties Plan Act*? ☐ Yes ☐ No
If "NO", go to Section G
- ii. Is registration of the applicant for the permit required under the *Ontario New Home Warranties Plan Act*? ☐ Yes ☐ No
- iii. If yes, provide the Registration Number under ONHWP Act: _____

G ATTACHMENTS

- i. Attach documents establishing compliance with applicable law as set out in Div. A, Part 1, Article 1.4.1.3.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- iv. Attach types and quantities of plans and specifications of the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.*

H DECLARATION OF APPLICANT

I _____ certify that:
(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. I have authority to bind the corporation or partnership (if applicable).

(date)_____
(signature of applicant)

Personal information contained in this form and schedules is collected under the authority of subsection 8 (1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: (a) the chief building official of the municipality or upper-tier municipality to which this application is being made; or (b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made; or (c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing, 777 Bay St., 2nd Floor, Toronto ON M5G 2E5 416-585-6666.

FOR USE BY PRINCIPAL AUTHORITY – THIS IS NOT A PERMIT AND DOES NOT CONSTITUTE PART OF THIS APPLICATION

Plans checked - Building By-law	Occupancy
Use and Occupancy	Classification
- Zoning	Permit Fee \$
Development Charges \$	Permit Receipt Number
Pursuant to By-law Number	Date
Date Receipt Number	Permit Issued by

PLANS AND SPECIFICATIONS

Building Code, 2006, O.Reg. 350/06
Div. C, Part 1, Article 1.3.1.2.
Building Code Act, 1992
c. 23, s. 7 (1) (b)

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	

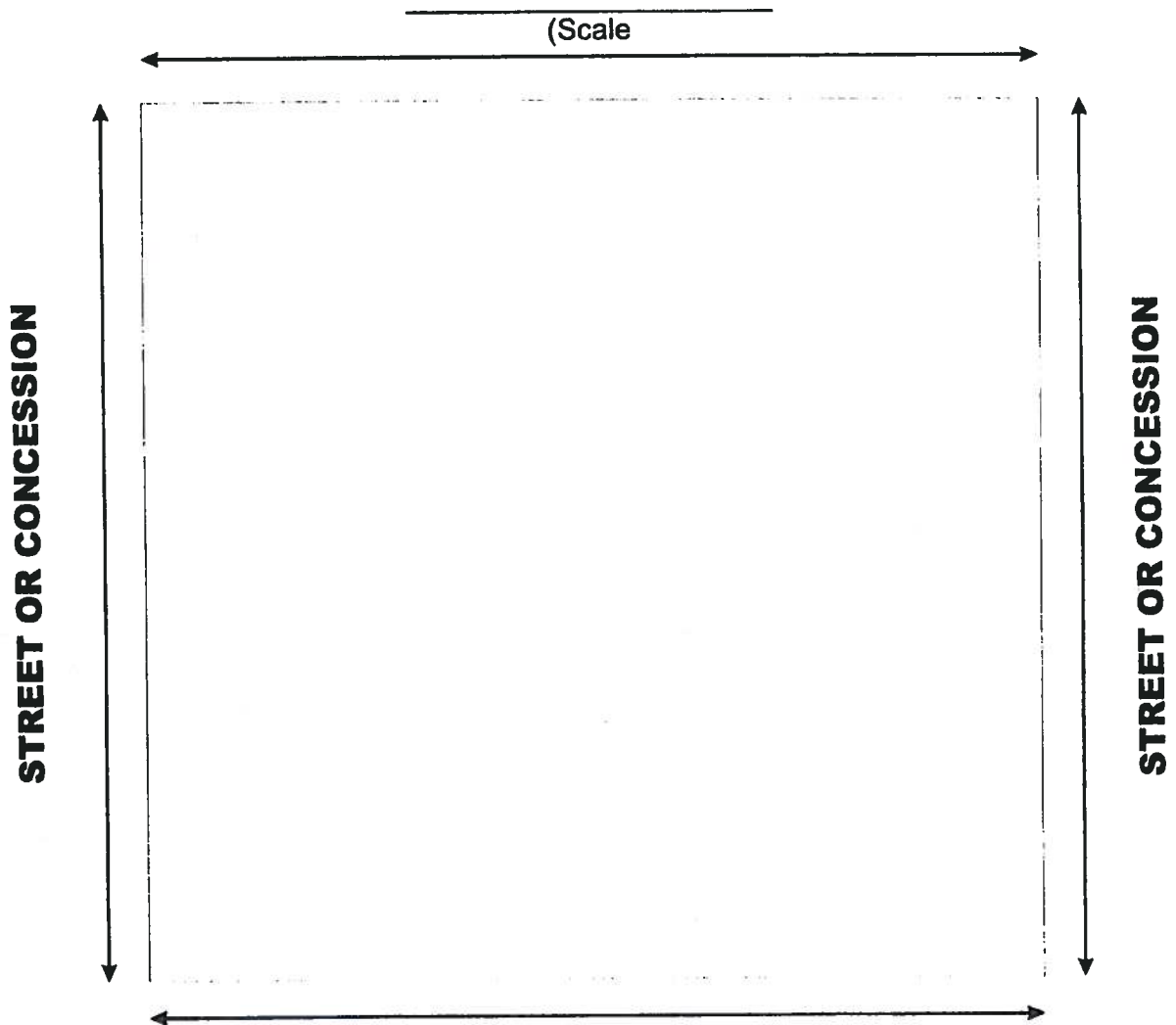
B CONSTRUCTION SPECIFICATIONS

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 ☐
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 ☐ Protected Frame ☐ Veneer ☐ Masonry ☐
Reinforced Concrete ☐ Steel ☐ Other ☐ (specify)
11. Soil - type: Are special foundations required? Yes ☐ No ☐
12. Foundation walls - thickness: Poured ☐ Blocked ☐ Other ☐ (specify)
13. Footing size:
14. Water: Municipally operated Available ☐ Required ☐ Other ☐ (specify) PUC approved ☐
15. Plumbing: W.C. ☐ Lav. ☐ Tubs ☐ Other ☐ (specify)
16. Hydro: Available on site ☐ Required ☐ PUC approved ☐
17. Heating: Gas ☐ Oil ☐ Electric ☐ Add'l transformer required ☐
Other ☐ (specify)
18. Ventilation: Number of fans Fan rating CFM
19. Sewers: Available ☐ If not, Septic Tank ☐ M.O.H. approved ☐
20. Surveyor's stakes: Visible ☐ Fences - erected for more than ten years Yes ☐ No ☐
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 ☐ Name:
24. Has any property that may be affected by this application been designated under the *Ontario Heritage Act*? Yes ☐ No ☐
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 ☐ No ☐

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]

- ☐ 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: _____

- ☐ 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: _____

- ☐ 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*

ORIGINAL – Principal Authority

COPY – Applicant

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.?

- ☐ YES (Complete Sections C and D) ☐ NO (Continue to Section E) ☐ 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:
(print name)

- ☐ 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.

OR

- ☐ 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:

- The information contained in this Schedule is true to the best of my knowledge.
- I have authority to bind the corporation or partnership (if applicable).

Date

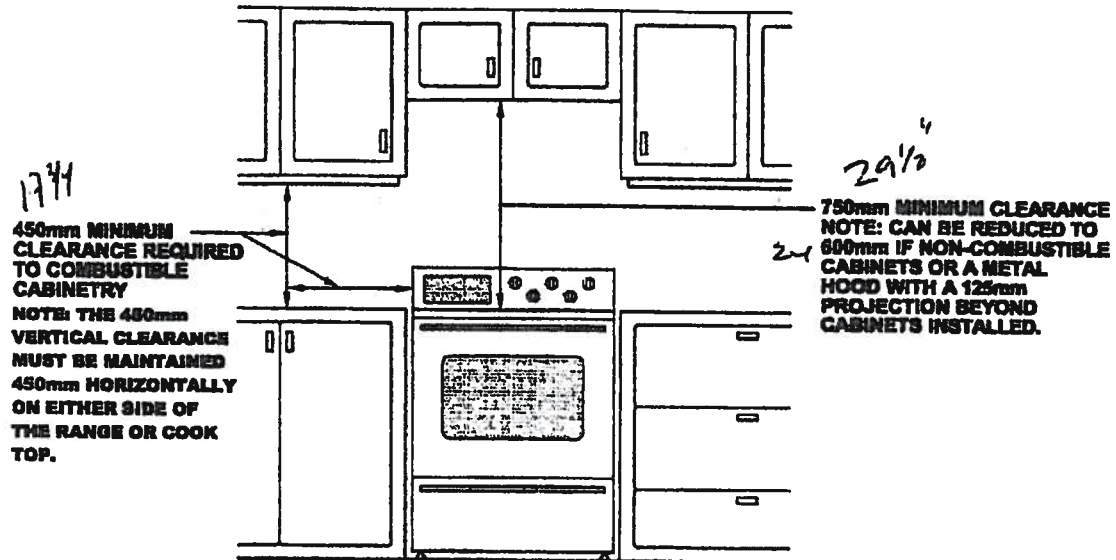
Signature of Applicant

ORIGINAL – Principal Authority

COPY – Applicant

Re: CLEARANCES AROUND RANGES

9.10.22 of the Ontario Building Code requires clearances above and around gas, propane and electric ranges as illustrated below.



Please ensure your kitchen cabinet installers are aware of these required clearances and adhere to them.

Energy Efficiency Design Summary

(Part 9 Residential)

This form is used to summarize the energy efficiency design of the project. Information on completing this form is on the reverse

For use by Principal Authority	
Application No:	Model/Certification Number:

A. Project Information

Building number, street name		Unit number	Lot/Con
Municipality	Postal code	Reg. Plan number / other description	

B. Compliance Option

<input type="checkbox"/> SB-12 Prescriptive [SB-12 - 2.1.1.]	Table: Package: A B C D E F G H I J K L M (circle one)
<input type="checkbox"/> SB-12 Performance* [SB-12 - 2.1.2.]	* Attach energy performance calculations using an approved software
<input type="checkbox"/> Energy Star®* [SB-12 - 2.1.3.]	* Attach BOP form
<input type="checkbox"/> EnerGuide 80®*	* House must be evaluated by NRCan advisor and meet a rating of 80

C. Project Design Conditions

Climatic Zone (SB-1):		Heating Equipment Efficiency:		Space Heating Fuel Source:	
<input type="checkbox"/> Zone 1 (< 5000 degree days)	<input type="checkbox"/> ≥ 90% AFUE	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Solid Fuel	
<input checked="" type="checkbox"/> Zone 2 (≥ 5000 degree days)	<input type="checkbox"/> ≥ 78% < 90% AFUE	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Earth Energy	
Windows+Skylights+Glass Doors:		Other Building Conditions:			
Gross Wall Area = m ²	% Windows+ _____ %	<input type="checkbox"/> ICF Basement	<input type="checkbox"/> Walkout Basement	<input type="checkbox"/> Log/Post&Beam	
Gross Window+ Area = m ²		<input type="checkbox"/> ICF Above Grade	<input type="checkbox"/> Slab-on-ground		

D. Building Specifications (provide values and ratings of the energy efficiency components proposed, or attach Energy Star BOP form)

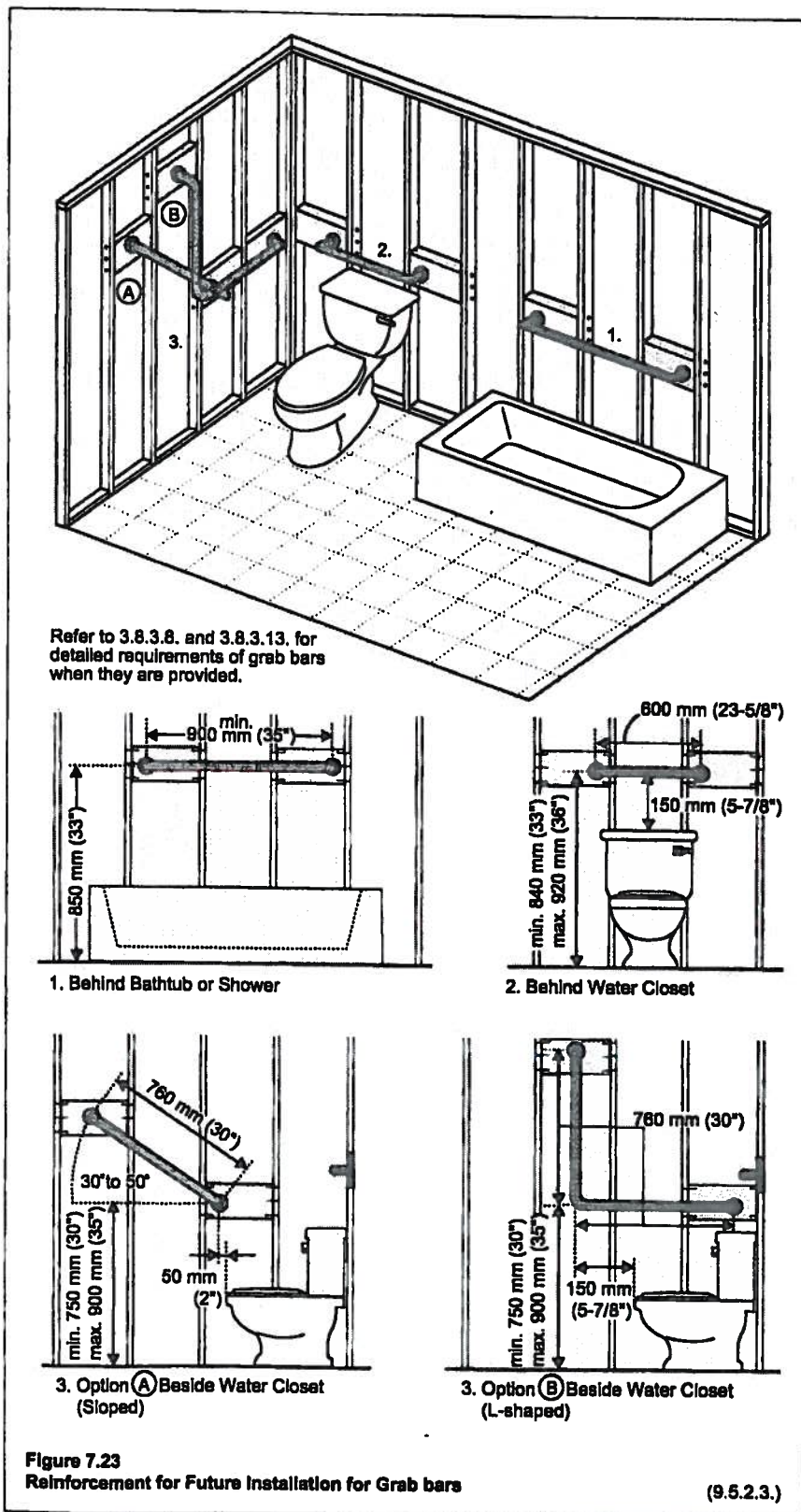
Building Component:	RSI / R value:	Building Component:	Efficiency Ratings:
Thermal Insulation		Windows & Doors¹	
Ceiling with Attic Space		Windows/Sliding Glass Doors	
Ceiling without Attic Space		Skylights	
Exposed Floor		Mechanicals	
Walls Above Grade		Space Heating Equip. ²	
Basement Walls		HRV Efficiency (%)	
Slab (all >600mm below grade)		DHW Heater (EF)	
Slab (edge only ≤600mm below grade)		NOTES 1. Provide U-Value in W/m ² .K, or ER rating 2. Provide AFUE or indicate if condensing type combined system used	
Slab (all ≤600mm below grade, or heated)			

E. Performance Design Verification (complete applicable sections if SB-12 Performance, Energy Star or EnerGuide80 options used)

SB-12 Performance:	
The annual energy consumption using Subsection 2.1.1. SB-12 Package _____ is _____ GJ (1 GJ =1000MJ)	
The annual energy consumption of this house as designed is _____ GJ	
The software used to simulate the annual energy use of the building is: _____	
The building is being designed using an air leakage of _____ air changes per hour @50Pa.	
Energy Star: BOP form attached. The house will be labeled on completion by:	
Energy Star and EnerGuide80:	
Evaluator/Advisor/Rater Name:	Evaluator/Advisor/Rater Licence #:

F. Designers (names of designers who are responsible for the building code design and whose plans accompany the permit application)

Architectural	Mechanical
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REINFORCEMENT FOR FUTURE GRAB BAR INSTALLATION

Wall reinforcement is required for wood stud walls enclosing a main bathroom in a dwelling unit to permit the future installation of a grab bar. The same requirements apply to steel stud walls. Grab bar reinforcement must be installed on a wall adjacent to a water closet and a shower or bathtub where wall studs are used to enclose the main bathroom to permit the future installation of grab bars. The main bathroom in a house refers to the common bathroom and not a powder room or ensuite. Refer to Figure 7.23 for more details.