Building Permit Application Requirements:

SITE PLAN SHOULD BE DRAWN TO SCALE – IF A COPY OF THE SURVEY OF THE PROPERTY IS AVAILABLE THAT SHOULD ALSO BE INCLUDED.

Your Site Plan must show the following information:

Legal Description: _____

Please comple	te Questions # 1 and # 2	Office use only:
1 Δre the	ere existing buildings on the property?	Completed:
	Yes there are buildings	1
	No there are no buildings currently on the property	2
	SHOW AND LABEL ALL BUILDINGS AND SIZES ON THE SITE PLAN	
		Date Received complete:
	ere any obstacles to construction on the property?	
	Drainage ditches	Does this development
	Rock formations	meet Zoning?
	Wetlands Marshlands	
	Flood plain areas	Yes No
	Septic system	Zoning By - law
	Hydro lines	amendment required?
h.	Other list and show on Site Plan	Yes No
	SHOW DETAILS DRAWN ON SITE PLAN AND SIZE OF AREA	
Sito plane	must also be signed and dated	Site visit required
Site plans	inust also be signed and dated	Yes No
Signature of a	oplicant: Dated:	
		Site Plan Agreement Required
Notes: (continu	ie on reverse side if required)	Required
******	******	Yes No
OFFICE USE (ONLY:	
Property Info		Ferrie and the CDO
	Acres Hectares	Forward to CBO
b.	Frontage in feet or meters	Date:
C.	Depth of property in feet or meters	
d.	Are the setbacks met? Yes No	
e.	Is a Minor Variance required to meet setbacks? Yes No	
f.	Percentage of lot coverage	
g.	Zoning	
h.	Official Plan	
i.	Any other Planning approvals on this property? Yes No	
Roll #: 5716 0	00	

Notes: Please provide	any additional	information	that may	be helpful.
-----------------------	----------------	-------------	----------	-------------

Signature of applicant:	 _Dated:	

Application for a Permit to Construct or Demolish This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

For use by Principal Authority					
Application number: Permit			number (if different	t):	
Date received: Roll nu			nber:		
Application submitted to:(Name of municipal	ity, upper-tier n	nunicipality, bo	pard of health or cons	servation authority)	
A. Project information					
Building number, street name				Unit number	Lot/con.
Municipality	Postal code	e	Plan number/oth	er description	
Project value est. \$			Area of work (m ²	2)	
B. Purpose of application			•		
New construction Addition existing b		Alter	ation/repair	Demolition	Conditional Permit
Proposed use of building	C	urrent use of	fbuilding		
Description of proposed work					
C. Applicant Applicant is:	Owner			igent of owner	
Last name	First name		Corporation or p	artnership	
Street address				Unit number	Lot/con.
Municipality	Postal code	e	Province	E-mail	
Telephone number ()	Fax ()			Cell number ()	
D. Owner (if different from applicant)					
Last name	First name		Corporation or p	artnership	
Street address			I	Unit number	Lot/con.
Municipality	Postal code	e	Province	E-mail	1
Telephone number ()	Fax ()			Cell number ()	

Application for a Permit to Construct or Demolish – Effective January 1, 2014

E. Builder (optional)				
Last name	First name	Corporation or partners	hip (if applicable)	
Street address		1	Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ()	Fax ()	·	Cell number ()	
F. Tarion Warranty Corporation (Ontari	o New Home Warrant	ty Program)		
 Is proposed construction for a new hon <i>Plan Act</i>? If no, go to section G. 	ne as defined in the Onta	rio New Home Warranties	s Y	Yes No
ii. Is registration required under the Ontar	io New Home Warranties	s Plan Act?	Y	′es No
iii. If yes to (ii) provide registration number	:(s):		I	I
G. Required Schedules				
i) Attach Schedule 1 for each individual who rev	views and takes responsi	bility for design activities.		
ii) Attach Schedule 2 where application is to con	struct on-site, install or re	epair a sewage system.		
H. Completeness and compliance with	applicable law			
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).				
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the Yes application is made.				
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, Yes resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992.</i>				Yes No
iii) This application is accompanied by the information and documents prescribed by the applicable by- law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.				
iv) The proposed building, construction or demolition will not contravene any applicable law. Yes Ne				
I. Declaration of applicant				
1(de	clare that:
(print name)				
 The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. 				

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, M5G 2E5 (416) 585-6666.

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 no.	Lot/con.	
Municipality	Postal code	Plan number/ other descri	ption		
B. Individual who reviews and takes	s responsibili	ty for design activities			
Name	-	Firm			
Street address		1	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail	I	
Telephone number	Fax number	1	Cell number		
C. Design activities undertaken by i Division C]	ndividual ide	ntified in Section B. [Bu	uilding Code Ta	able 3.5.2.1. of	
House	HVAC	– House	Building	g Structural	
Small Buildings	Buildin	lg Services		ng – House	
Large Buildings	Detect	ion, Lighting and Power		ng – All Buildings	
Complex Buildings	Fire Pr	rotection	On-site	Sewage Systems	
D. Declaration of Designer					
I(print name	a)	0	eclare that (choo	se one as appropriate):	
I review and take responsibili	y for the design	-			
C, of the Building Code. I am Individual BCIN:			propriate classes	s/categories.	
Firm BCIN:					
I review and take responsibili under subsection 3.2.5.of Divi Individual BCIN:	sion C, of the B	uilding Code.	ropriate category	as an "other designer"	
Basis for exemption from registration:					
The design work is exempt fr	om the registrat	ion and qualification requirer	ments of the Build	ling Code.	
	registration and	qualification:			
I certify that:					
 The information contained in this s I have submitted this application w 					
Date		Signature of Designer			
NOTE:					

- 1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c).of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
- Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information						
Building number, street name			Unit number	Lot/con.		
Municipality	Postal code	Plan number/ other description				
B. Sewage system installer						
Is the installer of the sewage system eng emptying sewage systems, in accordance				servicing, cleaning or		
Yes (Continue to Section C)	No	(Continue to Section E)		unknown at time of on (Continue to Section E)		
C. Registered installer information	on (where answ	ver to B is "Yes")				
Name			BCIN			
Street address			Unit number	Lot/con.		
Municipality	Postal code	Province	E-mail			
Telephone number	Fax ()		Cell number			
D. Qualified supervisor informat	ion (where answ	wer to section B is "Yes	s")			
Name of qualified supervisor(s)		Building Code Identificatio	n Number (BCIN)			
E. Declaration of Applicant:						
1				declare that:		
(print name)	(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:						
1. The information contained in this schedule is true to the best of my knowledge.						
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.						
Date		Signature of applicant				