

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: _____
 (Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (m ²)	
B. Applicant <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner Applicant is:			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
C. Owner (if different from applicant)			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
D. Builder (optional)			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
E. Purpose of application			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit			
Proposed use of building		Current use of building	
Description of proposed work			

Building Design Information

F. Planning				
Zoning designation:		Minor variance (if applicable)		
Set Backs :	Side Yard :	Rear Yard:	Front Yard:	
	Min:	Min:	Min:	
G. Services details				
Water	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private	Sewers	<input type="checkbox"/> Municipal <input type="checkbox"/> Private
Heating	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Other
H. Design Criteria				
Classification of Building	Group A, B, C, D, E or F	Division 1, 2 or 3	Building sprinklered	<input type="checkbox"/> yes
<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Combustible	# of storeys	Mezzanine as storey?	Mezzanine area
Building Dimensions	Length	Width	Area	Height
Facing # of streets?	Occupant Load	Alarm system & type	<input type="checkbox"/> yes	
Required FRR (fire resistance rating)	Floors	Roof	Mezzanine	
2 (TWO) SETS OF PLANS TO BE SUMMITTED, Plans may include				
Site Plan	Structural Plan	Landscaping Plan	Foundation Plan	Floor Plan
HVAC Plan	Plumbing	Sections	Specifications	Elevations
I. Tarion Warranty Corporation (Ontario New Home Warranty Program)				
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
iii. If yes to (ii) provide registration number(s): _____				
J. Attachments				
i. Attach documents establishing compliance with applicable law as set out in Article 1.4.1.3. of Division A. 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 for 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.				
K. 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. 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 description	
B. Individual who reviews and takes responsibility for design activities			
Name	Firm		
Street address	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax number ()	Cell number ()	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
I _____ declare that (choose one as appropriate):			
(print name)			
<input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories. Individual BCIN: _____ Firm BCIN: _____			
<input type="checkbox"/> I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code. 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. 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 submitted this application with the knowledge and consent of the firm.			
_____	_____		
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) d) 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.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, 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.

DEMOLITION INFORMATION

A. Site Plan

showing neighbouring homes Water and sewer Powerlines All services

B. Size of Structure:

Square Footage _____ Number of Floors _____

C. Method of Demolition

By Hand Explosion Mechanical Demo under 2.3.2.3 OBC

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 engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?			
<input type="checkbox"/> Yes (Continue to Section C) <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 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 information (where answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p><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;</p> <p><u>OR</u></p> <p><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.</p> <p>I certify that:</p> <ol style="list-style-type: none"> 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. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

A Guide To Building Within The Limits Of The Temiskaming Municipal Building Association

The following is a checklist guide for applying for building permits. The applicant is responsible for completing the Application Form and providing other required information, such as;

- Survey from Ontario Land Surveyor.
- Private sewage systems permit from Temiskaming Health Unit or Ministry of the Environment.
- Private water system approval (Ministry of Environment well record)
- Copy of Contractor's written estimate(s).
- Notice of Excavation of Work Affecting adjoining property.
- Entrance Permit (municipal level)
- 2 Sets of Building Plans and Specifications including:
 - Site Plans
 - Floor Plans
 - Foundation Plans
 - Framing Plans
 - Roof Plans
 - Reflected Ceiling Plans
 - Sections and Details
 - Building Elevations
 - Electrical Drawings
 - Heating, Ventilation & Plumbing Plans
 - A proper location survey prepared by an OLS at the completion of the foundation.
- Professional design
- Proof of Zoning Compliance when moving a building. (Building relocation only)
- Evidence of Confirmation to O.P.P. at least 5 days prior to work (Building Relocation only)
- "*Letter of Service Availability*" from Ontario Power Generation (Ontario Hydro)
- Ministry of Transportation entrance and/or building permit.
- Ontario New Home Warranty Program registration

WHAT OTHER DEPARTMENTS OR AGENCIES MAY BE ASKED TO COMMENT ON THE APPLICATION?

Other Departments or Agencies may be interested in your application to ensure that your proposal meets favourably with their regulations. Examples of those Departments or Agencies are as follows:

PHYSICAL SERVICES (PUBLIC WORKS)

To ensure that the sanitary sewer service, water service, driveways (access control), culverts, property grade and drainage will be properly addressed by the applicant.

DEVELOPMENT SERVICES

This Department will determine if the proposed work will comply with the Official Plan and Zoning By-law.

MINISTRY OF TRANSPORTATION

For any proposed work near highways under the jurisdiction of the Ministry of Transportation.

TEMISKAMING HEALTH UNIT

A certificate of Approval will be required for any development within areas not serviced by the municipality in respect to septic systems. In these circumstances no Building Permit can be issued without a Certificate of Approval.

NOTE: If unsure about meeting compliance please feel free to contact Building Department at 705-563-2375, or drop in at 35 10th St. Earlton ON.