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. 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

C. Applicant

Applicant is: ❑ Owner or ❑ Authorized agent of owner

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. 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 ( )	

E. 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 ( )	

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.	❑ Yes	❑ No
ii. Is registration required under the *Ontario New Home Warranties Plan Act*?	❑ Yes	❑ No

iii. If yes to (ii) provide registration number(s): _____

G. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

ii) Attach Schedule 2 where application is to construct on-site, install or repair 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).	❑ Yes	❑ No
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 *Building Code Act, I992*, to be paid when the application is made.	❑ Yes	❑ No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992.*	❑ 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 *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	❑ Yes	❑ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	❑ Yes	❑ No

I. Declaration of applicant

I _____ declare 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.

CITY OF TIMMINS

Building Division
220 Algonquin Blvd E.
Timmins, ON, P4N 1B3

❑ Eligible for CIP Grant
❑ E911 Address Plate

1. Documents and approvals required

Plan	Drainage Plan	Specs	Prof. Arc/Eng	M.R.C.A.	Health Unit	M.T.O .	Re-Zoning	C/A	Pre-Start Health/Safety	E911 Plate	Fire Marshal	C.W.B.	L.L.C.B.O.
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

2. Building

No. of Rooms _____ No. of Dwelling Units _____ Heating _____

Type of Construction: Wood ☐ Masonry ☐ Concrete ☐ Steel ☐ Number of Stories _____ Height _____

3. Plumbing

Plumbing: New ☐ Repair ☐ Alter ☐ Extension ☐ Plumbing System: Sewer ☐ Septic ☐ Water Service: Public ☐ Private ☐

Size of sewer _____ No. of stacks _____ F.D.'s _____ R.D.'s _____ L.T.'s _____ W.C.'s _____

Bath _____ Shower _____ Basins _____ Sinks _____ H.W. Tanks _____ Urinals _____

Bldg sewer _____ Washing machine _____ Grease/Oil interceptor _____ Drinking fountain _____

_____ Address _____

Owner/ Plumbing Contraction/ Master Plumber

4. Zoning

Front Yard _____ Lot Size _____ Planning Area _____

Interior Side Yard _____ Lot Area _____ By-Law No _____

Exterior Side Yard _____ Total Lot Coverage _____ C / A No. _____

Rear Yard _____ Accessory Bldg. Set Back _____ As per attached Site Plan ☐

Remarks _____

_____ Development Charge _____

Zoning Approval _____ Date _____

5. Engineering Application approval

Services Required To Be Paid For By Owner: Yes ☐ No ☐ Services Fee _____ Water Meter Required Yes ☐ No ☐

Remarks _____

_____

_____

Engineering Approval _____ Date _____

6. Application approval

Building Permit Fee _____ Building Permit Fee Waived (CIP Area) ☐ Receipt No. _____

Application Approval _____ Date _____

for CHIEF BUILDING OFFICIAL

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]

❑ House	❑ HVAC – House	❑ Building Structural
❑ Small Buildings	❑ Building Services	❑ Plumbing – House
❑ Large Buildings	❑ Detection, Lighting and Power	❑ Plumbing – All Buildings
❑ Complex Buildings	❑ Fire Protection	❑ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):

(print name)

❑ 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: _____

❑ 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: _____

❑ 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.

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?

- ❑ Yes (Continue to Section C)
- ❑ No (Continue to Section E)
- ❑ 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:

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:

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