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 Autho | rity | | | | | | | |
|------------------------------|-----------------------|------------------------------------|-------------------------------|--------------|--------------------------------|------------|-----------------------|----------|
| Application number: | | | Permit number (if different): | | | | | |
| Date received: | | | Roll number: | | | | | |
| Application submitted to:(N | lame of municipalit | ty, upper-tie | er munio | cipality, bo | ard of health or conse | ervatior | n authority) | |
| A. Project information | | | | | | | | |
| Building number, street name | | | | | | | Unit number | Lot/con. |
| Municipality | Postal code | | | | Plan number/other description | | | |
| Project value est. \$ | Project value est. \$ | | | | Area of work (m ²) | | | |
| B. Purpose of application | | | | | | | | |
| New construction | existing building | | Alteration/repair | | [| Demolition | Conditional Permit | |
| Proposed use of building | Curre | | ent use of building | | | | | |
| Description of proposed work | | | | | | | | |
| C. Applicant | Applicant is: | Owner or Authorized agent of owner | | | | | | |
| Last name | | First nan | ne | | Corporation or pa | irtners | • | |
| 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 partne | | hip | |
| Street address | | 1 | | | | | Unit number | Lot/con. |
| Municipality | Postal code | | ode | Province | | | E-mail | |
| Telephone number | | Fax | | | 1 | | Cell number | |

| E. Builder (optional) | | | | | | | | |
|---|---|-----------------------------------|-----------------|-------------|--|--|--|--|
| Last name First name Corporation or partnership (if ag | | | | | | | | |
| | | | | | | | | |
| Street address | | | Unit number | Lot/con. | | | | |
| | | | | | | | | |
| Municipality | Postal code | Province | 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 <i>Ontario New Home Warranties</i> Yes Plan Act? If no, go to section G. | | | | | | | | |
| ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ? Yes | | | | | | | | |
| | | | L | L | | | | |
| iii. If yes to (ii) provide registration number | (s): | | | | | | | |
| G. Required Schedules | | | | | | | | |
| i) Attach Schedule 1 for each individual who rev | iews and takes respon | onsibility 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 a | 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 Yes | | | | | | | | |
| regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the | | | | | | | | |
| application is made. i) This application is accompanied by the plans and specifications prescribed by the applicable by-law, 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 <i>Building Code Act</i> , 1992. | | | | | | | | |
| 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. | | | | | | | | |
| iv) The proposed building, construction or demolition will not contravene any applicable law. Yes No | | | | | | | | |
| I. Declaration of applicant | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| I | | | de | clare that: | | | | |
| (print name) | | | | | | | | |
| 1. The information contained in this application, attached schedules, attached plans and appelifications, and other attached | | | | | | | | |
| 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 | e 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 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 C1 House HVAC - House **Building Structural** Plumbing - House Small Buildings **Building Services** Large Buildings Detection, Lighting and Power Plumbing - All Buildings Complex Buildings On-site Sewage Systems Fire Protection Description of designer's work **Declaration of Designer** 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.

NOTE:

Date

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.

2. I have submitted this application with the knowledge and consent of the firm.

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.

Signature of Designer

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) | application (Continue to Section E) | | | | | | |
| C. Registered installer informatio | n (where answ | er 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 Idea | | | fication 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; | | | | | | | |
| <u>OR</u> | | | | | | | |
| 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. | | | | | | | |
| 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. | | | | | | | |
| Date Signature of applicant | | | | | | | |