

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:
Date received:	Roll number: 4341-

Application submitted to: TOWNSHIP OF SPRINGWATER
(Name of municipality, upper-tier municipality, board of health or conservation authority.)

A. Project information		
Building number, street name	Unit number	Lot/con.
City/Town (Municipality)	Postal code	Plan number/other description
Project value est.\$	Area of work (m ²)	

B. 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				

C. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner (Letter of agent required)			
Last name	First name	Corporation or partnership	
Street Address		Unit number	Lot/con.
City/Town (Municipality)	Province	Postal Code	E-mail
Telephone number (include area code) Ext.	Fax (include area code)	Cell number (include area code)	

D. Owner (if different from applicant)			
Last name	First name	Corporation or partnership	
Street Address		Unit number	Lot/con.
City/Town (Municipality)	Province	Postal Code	E-mail
Telephone number (include area code) Ext.	Fax (include area code)	Cell number (include area code)	

FOR OFFICE USE ONLY		
	Approval by:	Signature
	Planning/Zoning:	
	Building Inspector:	
	Director of Finance:	
	Chief Building Official:	

Director of Finance Development Charge Confirmation	
Township (Springwater):	
County:	
Area:	

Permit number: _____

E. Builder (optional)

Last name		First name	Corporation or partnership	
Street Address			Unit number	Lot/con.
City/Town (Municipality)		Province	Postal Code	E-mail
Telephone number (include area code) Ext.		Fax (include area code)		Cell number (include area code)

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 all 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, 1992*. 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, _____ 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 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 sub-Section 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 3E5 (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 number	Lot/con.
City/Town (Municipality)	Postal code	Plan number/other description	
B. Individual who reviews and takes responsibility for design activities			
Name		Corporation or Partnership	
Street Address		Unit number	Lot/con.
City/Town (Municipality)	Province	Postal Code	E-mail
Telephone number (include area code) Ext.	Fax (include area code)		Cell number (include area code)
C. Design activities undertaken by individual identified in - Section B [Building Code Table 3.5.3.1.(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 work 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 authority to bind the corporation or partnership (if applicable).			
_____ Date		_____ Signature of Designer	

Note:

- 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 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 A: Structure Details

A1 Residential (Group C)

Check all that apply:

- New construction
- Addition to existing dwelling
- Addition to and renovation of existing dwelling
- Renovation of existing space
- New accessory structure (deck, porch, garage, pool cabana/house, shed etc.)

NOTES:

For all NON-RESIDENTIAL projects, complete Section A2 and provide a Building Code Data Matrix.

For Temporary Tents, record information on the next page; tent use is generally based on "Assembly" occupancy.

New area (ft ²)	Details
	1st Floor
	2nd Floor
	3rd Floor/Loft
	Finished Basement
	Attached Garage
	Detached Garage/Accessory Building
	Detached Garage/Accessory Building
	Deck/Porch 1 <input type="checkbox"/> Open <input type="checkbox"/> Covered
	Deck/Porch 2 <input type="checkbox"/> Open <input type="checkbox"/> Covered
	Deck/Porch 3 <input type="checkbox"/> Open <input type="checkbox"/> Covered
	TOTAL FINISHED AREA
	Existing area (ft ²) where project is an addition
	Unfinished Basement
	Number of Fireplaces <input type="checkbox"/> Wood <input type="checkbox"/> Gas
	Number of other solid fuel burning appliances (eg. Woodstove, pellet stove etc.)
<input type="checkbox"/> Yes No	Does project include plumbing? If yes, complete Schedule C

A2 Multi-residential or Non-residential Projects (Agricultural, Groups A, B, C, D, E or F)

Check all that apply:

- New construction
- Addition to existing building
- Addition to and renovation of existing building
- Renovation of existing space
- New accessory structure (deck, porch, garage, shed etc.)

Note:

Data matrix should be included as it represents selected elements from your detailed code analysis providing a quick overview to the Municipal Building Official of the key Building Code factors related to your design. Data matrix should be incorporated on your plans or attached as a separate document to support your permit. A Commitment for General Review and a Septic Use Permit should also be attached (as applicable).

- Building Code Data Matrix included? Yes No
- Commitment to General Review included? Yes No
- Septic Use Permit included? Yes No

Class of Building Area	Proposed Area (ft2)	Existing Area (ft2)
Agricultural Farm building		
Group A - Assembly		
Group B - Care and Detention		
Group C - Residential NOT Single Dwelling Unit		
Group D - Business & Personal Services		
Group E - Mercantile		
Group F - Industrial		
Temporary Tent (Assembly Occupancy)	FT2 <input type="checkbox"/> Less than 225 m2 (2421 ft2) <input type="checkbox"/> Greater than 224 m2 (2421 ft2)	

Schedule C: Plumbing Fixture Count

Plumbing	Number of Fixtures (include rough-ins)				Notes
	Basement	1 st Flr	2 nd Flr	3 rd Flr	
Fixture Type					
Bathtubs or showers:					
Floor drains:					
Kitchen, dishwasher & bar sinks:					
Laundry tubs:					
Toilets/bidets:					
Wash basins (hand sinks):					
Other:					
Other:					
Total fixtures per floor:					
Total all fixtures:					

Declaration by Applicant:

I confirm that

- Permit Card will be posted prior to start of construction.
- 9-1-1 sign will be posted prior to start of construction
- All work shall be in accordance with Current Building Code regulations, as amended.
- I, the Applicant, hereby acknowledge that my application is considered incomplete as all Applicable Law items have not been obtained. I, the Applicant, authorize the Building Department to accept this incomplete application and request that the Municipality conduct the necessary reviews for compliance where the Municipality is the responsible Agency, eg.:
 - Development Charges Act (as may be applicable)
 - Planning Act (as may be applicable)
 - Clerk (as may be applicable)
- I, the Applicant, understand that the time period in which a permit shall be Issued or Refused under Division C Table 1.3.1.3 will not start until the requirements under Division C 1.3.1.3.(5) have been met. This includes a Planning Certificate or Approval.
- I, the Applicant, understand that I am responsible for establishing compliance with all Applicable Law requirements.
- For further information about Applicable Law Agencies**, please ask for our Applicable Law Guide (available on our website **and** at the Township of Springwater Administration Office.)

Please review and check the following statements as they apply to this project, then sign and date the form.

- I, the Applicant, understand that lack of approvals from other Agencies may delay the Issuance of my permit. I have contacted the following Agencies (if applicable):

• County of Simcoe	Required	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Approval Attached	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Ministry of Transportation	Required	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Approval Attached	<input type="checkbox"/> No	<input type="checkbox"/> Yes
• Nottawasaga Valley Conservation Authority	Required	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Approval Attached	<input type="checkbox"/> No	<input type="checkbox"/> Yes

- Where the applicant is not the Owner, I have the authority to act on behalf of the corporation, partnership or owner with respect to this application.

_____ *Date*

_____ *Signature*