

How to Complete a Building Permit Application Form

All areas indicated must be completed

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):	
Date received:		Roll number:	
Application submitted to: <u>Township of Springwater</u> (Name of municipality, upper-tier municipality, board of health or conservation authority)			
A. Project information			
Building number, street name		Unit number If applicable	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$ Best estimate of project value		Area of work (m ²) All areas that are part of the proposed project	
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 Briefly describe the work e.g. finishing basement for the purpose of a secondary suite.			
Specify if you are the property owner or an authorized agent ←			
C. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail Required - this is the main method of communication
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	

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Provide the name/company of the person that is going to be completing the work. If the owner is proposing to do the work, include the name here.

E. Builder (if known)				
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	

Tarion information may be required for new home construction. For more information visit www.tarion.com.

F. New home construction licensing requirement			
i. Is the proposed construction for a new home as defined in the <i>New Home Construction Licensing Act, 2017</i> ? If no, go to section G.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is a licence required under the <i>New Home Construction Licensing Act, 2017</i> ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide licence number(s):		_____	

Application form has been filled out and submitted.

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). 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 application is made.		<input type="checkbox"/> Yes	<input type="checkbox"/> 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, 1992</i> .		<input type="checkbox"/> Yes	<input type="checkbox"/> 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.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

We do not require payment up front. It will be requested before issuance of the permit.

Are all documents provided?

All additional legislative (applicable law) approvals (conservation, ministry, etc) provided?

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

If the building DOES NOT contravene any applicable laws, choose YES.

SIGNATURE REQUIRED

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., 12th Floor. Toronto, ON M7A 2J3 (416) 585-6666.

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Someone must take responsibility for the design or the proposed work and the design of the drawings. This page must be completed. Exemptions: Architects and professional engineers are not required to complete this page.

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			
Description of the work that the designer is responsible for			
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	

Contact information for the individual taking responsibility of the design must complete this section.

A designer with a BCIN is to indicate which design activity they are undertaking.

Name of the Designer.

Certain types of projects require a Registered Designer or Registered Firm.

Certain types of projects may use an independent designer. The designer must provide the basis for exemption from being registered.

Certain types of projects are exempt from the requirement to have a BCIN e.g. a homeowner may take responsibility for their own design

SIGNATURE OF DESIGNER REQUIRED

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 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 Professional Engineers Ontario.

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This sections is for residential projects. Please indicate your square footage on this page - identifying each new area of construction

Project Summary

Residential Dwelling/Accessory Dwelling Unit	
Dwelling Areas	Proposed Area (ft ²)
1st Floor area:	
2nd Floor area:	
3rd Floor or Loft area:	
Finished Basement area	
Attached Garage	
Detached Garage/Accessory Building	
Deck/Porch 1	
Deck/Porch 2	
Deck/Porch 3	
Other, please specify	
Total areas	

Indicate in this section new plumbing fixtures involved in your project.
If you will be adding fixtures to existing rough-ins or relocating fixtures please indicate that in your fixture count.

Plumbing Fixtures	
	Number of New/Relocated Plumbing Fixtures (ex., bathtubs, showers, floor drains, kitchen sink, dishwasher, bar sinks, laundry tubs, toilets/bidets, wash basins)
Wood Burning Appliances	
	Number of Wood burning appliances

This section is for multi residential projects, and non-residential projects.
Please indicate the proposed square footage of the project.

Non-Residential		
Class of Building Area	Group	Proposed Area (ft ²)
Agricultural Farm building		
Other than Dwelling (Group A,B,C,D,E,F) - Please Include Building Code Data Matrix		
Temporary Tents		
Temporary Tent (Assembly Occupancy)	FT ² <input type="checkbox"/> Less than 225 m ² (2421 ft ²) <input type="checkbox"/> Greater than 224 m ² (2421 ft ²)	

This section is for temporary tents. Please indicate the proposed square footage of the tent.