

## 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)			
<b>A. Project information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (m <sup>2</sup> )	
<b>B. Purpose of application</b>			
<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			
<b>C. Applicant</b> 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
Telephone number (    )	Fax (    )		Cell number (    )
<b>D. Owner (if different from applicant)</b>			
Last name		First name	Corporation or partnership
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )		Cell number (    )
<b>E. Builder (optional)</b>			
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 (    )
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>			
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): _____			

<b>G. Required Schedules</b>		
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.		
<b>H. Completeness and compliance with applicable law</b>		
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
	<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
<b>I. Declaration of applicant</b>		
<p>_____ declare that:</p> <p>(print name)</p> <ol style="list-style-type: none"> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p>_____</p> <p>Date <span style="margin-left: 150px;">Signature of applicant</span></p>		

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.

<b>A. Project Information</b>			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax number ( )	Cell number ( )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
<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			
<b>D. Declaration of Designer</b>			
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.

## Schedule 2: Sewage System Installer Information

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
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)
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
I _____ declare that:			
(print name)			
<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;			
<u>OR</u>			
<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.			
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	



**Sewage System Specifications  
(Town of South Bruce Peninsula)**

**Site and Design Information- see Ontario Building Code Part 7, 8 and Guidelines for Submission of an Application for a Sewage System Permit.**

State Number of:		Tank Flush Toilets _____	Kitchen & Bathroom Sinks _____	
Bidets _____	Dishwashers _____	Clothes Washers _____		Bathtubs & Showers _____
Urinals _____	Single or Double Laundry Tubs _____		Bedrooms _____	
Finished Floor Area _____		Total Fixture Units _____	Water Softener yes / no	

*(A test hole to a depth of 1.5m in the bed must be available for the Inspector to view.)*

Existing/proposed water supply (drilled/dug/shore well/sand point/municipal/communal): \_\_\_\_\_

Unified Soil Classification soil type in sewage system area: \_\_\_\_\_

Percolation rate of native soil: T = \_\_\_\_\_ min/cm. Circle one: Estimated Tested on site Lab Test

Sub-Surface Soil Conditions		
Rock	Depth (m)	Soil Type
&	-0-	
Ground Water	-0.25-	
	-0.5-	
Table	-1.0-	
	-1.5-	

Describe soil mantle (down gradient from sewage system):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Depth to bedrock/T >50 min/cm. \_\_\_\_\_

Depth to High Groundwater Table: \_\_\_\_\_

**Proposed sewage system design- see Ontario Building Code Part 8 and Guidelines for Submission of an Application for a Sewage System Permit.**

Complete the following as required for in-ground, fill-based, filter bed or alternate system:

Daily sewage flow: \_\_\_\_\_ litres/day      Size of tank: \_\_\_\_\_ litres

Alternate Treatment Unit \_\_\_\_\_

Length of distribution pipe \_\_\_\_\_ metres      Depth of imported fill \_\_\_\_\_ metres, T= \_\_\_\_\_ min/cm

Imported mantel: Yes \_\_\_\_\_ No \_\_\_\_\_      Pump required Yes \_\_\_\_\_ No \_\_\_\_\_

Leaching bed fill area \_\_\_\_\_ m<sup>2</sup>      Filter medium surface \_\_\_\_\_ m<sup>2</sup>      Filter medium base \_\_\_\_\_ m<sup>2</sup>

**Travel Directions:**

\_\_\_\_\_

\_\_\_\_\_

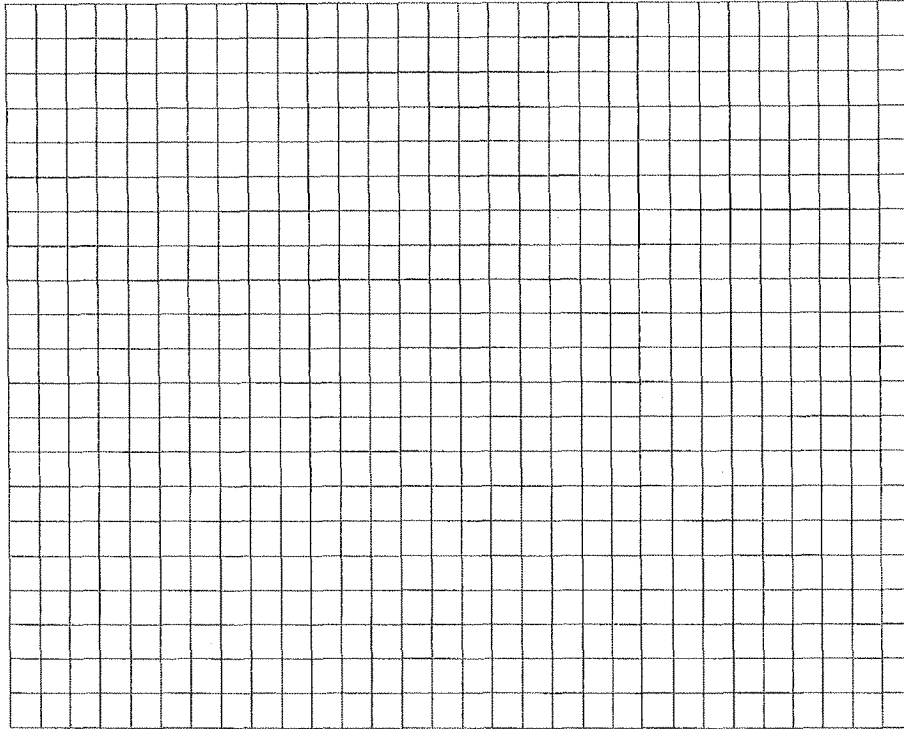
\_\_\_\_\_

**Lot and Sewage System Site Plan- see Ontario Building Code Part 8 and Guidelines for Submission of an Application for a Sewage System Permit.**

**Include the following on a scaled or proportional drawing:**

1. Outline of property with all dimensions. On large parcels include area around building site only.
2. Location and dimensions of proposed & existing buildings, swimming pools, lakes, rivers, areas subject to flooding and any other pertinent topographical features.
3. Details of sewage system including size, deign and location of tank and leaching bed. Include "development site plan" if contained in a subdivision agreement or registered on title.
4. Any areas of disturbed, compacted, imported or altered soils.
5. Location of any sub-surface drainage, culverts or other structural features.
6. Location and type of all existing (including neighbouring) and proposed water supplies.

**Sewage System Site Plan:**



**Sewage System Cross Section:** (house, tank and tile bed elevations with existing and proposed grades)

