

How to Complete a Building Permit Application Form

All areas indicated must be completed

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 checked="" type="checkbox"/> Owner	<input type="checkbox"/> Authorized agent of owner
<small>(Complete page 3)</small>			
Last name	First name	Corporation or partnership	
Street Address		Unit number	Lot/con. N/A
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. N/A
City/Town (Municipality)	Province	Postal Code	E-mail
Telephone number (include area code) Ext.	Fax (include area code)	Cell number (include area code)	

NOTE: If the applicant is someone other than the owner, a letter of authorization signed by the owner must be provided as part of the application package. Please refer to page 3.

Best estimate of the project value.

Unit number if applicable.

Area of work is all areas that are part of the proposed project.

Briefly describe the work e.g. finishing basement for the purpose of a secondary suit.

An email must be provided as this is the main method of communication.

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This section is optional. 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 (optional)				
Last name		First name	Corporation or partnership	
Street Address			Unit number	Lot/con. N/A
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 <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):		<input type="text"/>		

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

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 <i>Building Code</i> . (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.)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 <i>Building Code Act, 1992</i> .		<input type="checkbox"/> Yes	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
iv. The proposed building, construction or demolition will not contravene any applicable law.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Application form has been filled out and submitted.

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?

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

I. Declaration of applicant	
I, <input type="text"/> 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.	
<input type="text"/>	<input checked="" type="checkbox"/>
Date	Signature of Applicant

SIGNATURE REQUIRED

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.

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Application for a Permit to Construct or Demolish

J. Letter of Agent (as applicable)	
PROPERTY OWNER INFORMATION	AUTHORIZED AGENT INFORMATION
Name:	Name:
Name:	Company:
Address:	Address:
City/Town, Prov.:	City/Town, Prov.:
Postal Code:	Postal Code:
Phone:	Phone:
Email:	Email:
<p>I/we, the undersigned, as registered property owner(s) of the above-noted property, authorize the agent named above to submit, amend and execute a building permit on our behalf for the project described in this application.</p> <p>I/we understand that we are ultimately responsible for ensuring that the project is completed in accordance with Applicable Laws, Municipal By-laws and the Building Code, as amended.</p> <p>Furthermore, for the purposes of the Freedom of Information Act, I/we authorize and consent to the disclosure of any information that is collected under the Building Code Act and the Building Code, as amended, to required Agencies, for the purposes of processing this application.</p>	
<input type="text"/>	<input type="text"/>
Owner Signature	Date
<input type="text"/>	<input type="text"/>
Owner Signature	Date
<div style="border: 1px solid red; padding: 10px; text-align: center; color: red;">NOTE: If the applicant is someone other than the property owner this page will need to be completed in its entirety.</div>	

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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 number	Lot/con. N/A
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. N/A
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, <input type="text"/> 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: <input type="text"/>			
Firm BCIN: <input type="text"/>			
<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: <input type="text"/>			
Basis for exemption from registration: <input type="text"/>			
<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: <input type="text"/>			
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).			
<input type="text"/>		<input type="text"/>	
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.

Description of the work that the designer is responsible for.

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 from the requirement to have e.g. a homeowner may take responsibility for the desi

SIGNATURE 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 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.

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Application for a Permit to Construct or Demolish

This sections if for residential project. Please indicate your square footage on this page - identifying each new are of construction and if existing please indicate.

A1. Summary of Dwelling			
		Area measured in <input type="checkbox"/> M ² <input type="checkbox"/> Ft ²	
Dwelling Areas	Existing	New/Proposed	Total after changes
Number of bedrooms:			
1st Floor area:			
2nd Floor area:			
3rd Floor or Loft area:			
Finished Basement area			
Unfinished Basement area			
Attached Garage			
Detached Garage/Accessory Building			
Deck/Porch 1			
Deck/Porch 2			
Deck/Porch 3			
Other, please specify			
Total areas			

Number of Fireplaces <input type="checkbox"/> Wood <input type="checkbox"/> Gas
Number of other solid fuel burning appliances (eg. Woodstove, pellet stove etc.)
Does project include plumbing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section A2.

A2. Summary of Plumbing Fixtures

Record number of plumbing fixtures in chart below (include all rough-in plumbing)

Description of Fixture	Number of groups/fixtures			=	Total Groups/fixtures	x	Fixture Units	=	Total Fixture Unit Count
	Existing	+	New/Proposed						
2 pc Bathroom group (eg. 2 plumbing fixtures)		+		=		x	5.5	=	
3 pc Bathroom group (eg. 3 plumbing fixtures)		+		=		x	6	=	
4 pc Bathroom group (eg. 4 plumbing fixtures)		+		=		x	7.5	=	
5 pc Bathroom group (eg. 5 plumbing fixtures)		+		=		x	9	=	
Tub or 1-head shower - example for pet (ea)		+		=		x	1.5	=	
bidet (ea)		+		=		x	1	=	
dishwasher (ea)		+		=		x	1	=	
laundry tub/utility sink (ea)		+		=		x	1.5	=	
kitchen/pantry/bar sink (ea)		+		=		x	1.5	=	
washing machine (ea)		+		=		x	1.5	=	
Other:		+		=		x		=	
Totals:		+		=					

Indicate in this section existing and new plumbing fixtures involved in your project.

If you will be adding fixtures to existing rough-ins please indicate that in your fixture count.

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A3 Multi-residential or Non-residential Projects (Agricultural, Groups A, B, C, D, E or F)		
Class of Building Area	Proposed Area (ft ²)	Existing Area (ft ²)
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)	<input type="checkbox"/> 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 multi residential projects, and non-residential project. Please indicate the proposed square footage of the project.

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

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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.

<input type="checkbox"/>	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

Please check all that apply.

SIGNATURE REQUIRED