

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				
New Construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building			Current use of building	
Description of proposed work				

C. Applicant Applicant is: Owner or Authorized agent of owner (Complete page 3)			
Last name	First name	Corporation or partnership	
Street Address			Unit number
			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
			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)

--

Application for a Permit to Construct or Demolish

Permit number: _____

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.	Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?	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 <i>Building Code Act, 1992</i> .	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, 1992</i> .	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 <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.	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.

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: _____

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.

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.

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.

_____ Owner Signature	_____ Date
--------------------------	---------------

_____ Owner Signature	_____ Date
--------------------------	---------------

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]			
House	HVAC - House	Building Structural	
Small Buildings	Building Services	Plumbing - House	
Large Buildings	Detection, Lighting and Power	Plumbing - All Buildings	
Complex Buildings	Fire Protection	On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
<p>I, _____ declare that (choose one as appropriate): _____ (print name)</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> The information contained in this schedule is true to the best of my knowledge. I have authority to bind the corporation or partnership (if applicable). <p>_____ Date _____ Signature of Designer</p>			

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.

A1. Summary of Dwelling		Area measured in		M ²	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	Wood	Gas
	Number of other solid fuel burning appliances (eg. Woodstove, pellet stove etc.)		
	Does project include plumbing?	Yes	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		=	
3 pc Bathroom group (eg. 3 plumbing fixtures)		+		=		x		=	
4 pc Bathroom group (eg. 4 plumbing fixtures)		+		=		x		=	
5 pc Bathroom group (eg. 5 plumbing fixtures)		+		=		x		=	
Tub or 1-head shower - example for pet (ea)		+		=		x		=	
bidet (ea)		+		=		x		=	
dishwasher (ea)		+		=		x		=	
laundry tub/utility sink (ea)		+		=		x		=	
kitchen/pantry/bar sink (ea)		+		=		x		=	
washing machine (ea)		+		=		x		=	
Other:		+		=		x		=	
Totals:		+		=					

A3 Multi-residential or Non-residential Projects (Agricultural, Groups A, B, C, D, E or F)		
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)	ft ²	Less than 225 m ² (2421 ft ²) Greater than 224 m ² (2421 ft ²)

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

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	No	Yes	Approval Attached	No	Yes
• Ministry of Transportation	Required	No	Yes	Approval Attached	No	Yes
• Nottawasaga Valley Conservation Authority	Required	No	Yes	Approval Attached	No	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*