



Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

Part 10/11 - Change or Use/ Renovation

| 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) | | | | |
| A. Project information | | | | |
| Building number, street name | | | Unit number | Lot/con. |
| 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 | |
| Last name | | First name | Corporation or partnership | |
| Street address | | | Unit number | Lot/con. |
| Municipality | Postal code | Province | E-mail | |
| 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 () | | |

| E. Builder (optional) | | | | |
|---|--|------------------------|--|----------|
| 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 () | |
| 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 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. | | | 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 _____ 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 | | |

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.

| 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] | | | |
| 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 | | | |
| I _____ declare that (choose one as appropriate): | | | |
| (print name) | | | |
| 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: _____ | | | |
| 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: _____ | | | |
| 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) (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.
2. 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 Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

| A. Project Information | | | |
|---|---------------|--|----------|
| Building number, street name | | Unit number | Lot/con. |
| Municipality | Postal code | Plan number/ other description | |
| B. Sewage system installer | | | |
| 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? | | | |
| Yes (Continue to Section C) | | No (Continue to Section E) | |
| | | Installer unknown at time of application (Continue to Section E) | |
| C. Registered installer information (where answer to B is "Yes") | | | |
| Name | | BCIN | |
| Street address | | Unit number | Lot/con. |
| Municipality | Postal code | Province | E-mail |
| Telephone number () | Fax () | Cell number () | |
| D. Qualified supervisor information (where answer to section B is "Yes") | | | |
| Name of qualified supervisor(s) | | Building Code Identification Number (BCIN) | |
| | | | |
| E. Declaration of Applicant: | | | |
| <p>I _____ declare that:</p> <p style="margin-left: 40px;">(print name)</p> <p style="margin-left: 40px;">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;</p> <p><u>OR</u></p> <p style="margin-left: 40px;">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.</p> <p>I certify that:</p> <ol style="list-style-type: none"> 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. <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Date</p> <p style="margin-left: 200px;">_____</p> <p style="margin-left: 200px;">Signature of applicant</p> | | | |



I, Property Owner Name, being the legal owner of the subject property (described below), authorize Authorized Agent Name (contact information below) to apply for a sewage system permit and the associated site inspections on my behalf. I accept responsibility to ensure that all information provided for the septic system permit is true and accurate.

Signature of Legal Owner

Signature of Authorized Agent

Month / Day / Year
Date

| Subject Property Information | | Authorized Agent Information | |
|------------------------------|------------|------------------------------|--|
| Civic Address | | Mailing Address | |
| Township/ Former Ward | | Phone | |
| Roll Number | | Fax | |
| Lot | Concession | BCIN (if applicable) | |
| Sublot | Plan | | |



| |
|---|
| Do Not Complete Permit No _____ Revision No _____ Date _____ |
|---|

Schedule 8 Fixture unit count

| Fixtures | # Existing + # Proposed | | X | unit count | = | Fixture Count |
|---|-------------------------|---|---|------------|---|---------------|
| Bathroom | | | | | | |
| Bathroom group (toilet, sink and tub or shower) with flush tank | | + | X | 6 | = | |
| Bathtub with/without overhead shower | | + | X | 1.5 | = | |
| Shower stall | | + | X | 1.5 | = | |
| Wash basin (1½inch trap) | | + | X | 1.5 | = | |
| Watercloset (toilet) tank operated | | + | X | 4 | = | |
| Bidet | | + | X | 1 | = | |
| Kitchen | | | | | | |
| Dishwasher ³ | | + | X | 1 | = | |
| Sink with/without garbage grinder(s), domestic and other small type single, double or 2 single with a common trap | | + | X | 1.5 | = | |
| Other | | | | | | |
| Domestic washing machine ² | | + | X | 1.5 | = | |
| Combination sink and laundry tray single or double (Installed on 1½ trap) | | + | X | 1.5 | = | |

*** Total:**

***Insert the TOTAL in section 5 of Schedule 4 (0.Reg 151/13 Table 7.4.9.3)**

1. Sump pumps and floor drains are not to be connected to the sewage system. Connection of such fixtures to a sewage system may lead to a hydraulic failure of the system. The above mentioned fixtures should be discharged separately to an approved Class 2 (leaching pit) sewage system.
2. Where laundry waste is not more than 20% of the total daily design sanitary sewage flow, it may discharge to a sewage system (Part 8, OBC, 8.1.3.1(2)).
3. Dishwasher - No load/fixture unit if connected to domestic sink.

Agent/Owner signature

Date



Schedule 13 Part 10 & 11 Site Amendment

Required attachments

To be supplied by applicant/agent at applicant's expense

1. **Documents to describe your current septic system:**
 - A. Copy of current sewage system (Use permit/ Certificate of Completion) **OR**
 - B. Professional engineer's report indicating size and location of system

2. **Documents to describe proposed change/renovations**
 - A. Copy of site plan: Drawn to scale, indicating the layout of the existing building, wells structures
 - B. Completed Schedule 8 Fixture Unit Count
 - C. Copy of Building Plans: Drawn to scale, showing the changes/additions as proposed

Site Amendment/Description of Proposed Change/Renovation

- Residential
- Commercial Property

| | #Existing | + | #Proposed | = | Total |
|--|-----------|---|-----------|---|-------|
| <input type="checkbox"/> Bedrooms | | + | | = | |
| <input type="checkbox"/> Floor Area | | + | | = | |
| <input type="checkbox"/> Fixture Units | | + | | = | |

- Exceeding 15% of the gross area of the dwelling unit for proposed addition
- Additional Fixture Units proposed
- Additional Bedrooms proposed
- Change of Use
- o Major occupancy (e.g. residential to commercial)
 - o Occupant load (e.g. Office to warehouse)

Please describe proposed use:

- Installation of a pool not meeting O.B.C Regulation setback distances
- Installation of a deck not meeting O.B.C Regulation setback distances