

# Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: **The Township of South Stormont , 4949 County Road # 14, Ingleside, Ontario K0C 1M0**  
**Phone: (613) 537-2362 Fax: (613) 537-8113** (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 <sup>2</sup> )		
B. 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
Telephone number ( )	Fax ( )	Cell number ( )	
C. 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 ( )	
D. 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 ( )	
E. 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			
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): _____			

**G. Attachments**

- i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

**H. Declaration of applicant**

I \_\_\_\_\_ certify that:  
(print name)

- 1. The information contained in this application, attached schedule, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- 2. I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_ 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.

<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 2.20.2.1]</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 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. 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 authority to bind the corporation or partnership (if applicable).			
_____		_____	
Date		Signature of Designer	

\*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

**NOTE:**

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

## Designer Information Page 2 (if required) ~ Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

<b>E. Project Information</b>			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>F. 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>G. Design activities undertaken by individual identified in Section B. [Building Code Table 2.20.2.1]</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>H. 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 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. 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:			
3. The information contained in this schedule is true to the best of my knowledge.			
4. I have authority to bind the corporation or partnership (if applicable).			
_____		_____	
Date		Signature of Designer	

\*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

**NOTE:**

3. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
4. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

## 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 2.18.1.1?			
<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>			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p><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;</p> <p><u>OR</u></p> <p><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.</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have authority to bind the corporation or partnership (if applicable).</li> </ol> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			

## **Drawings Required With Building Permit Application**

**Residential/ Commercial/ Industrial/ Institutional** 2 Sets of Plans drawn to scale with the following:

- Site plan showing all set backs, septic and well location (if applicable )
- Foundation plan
- All elevations
- Floor plan
- Cross section (s)
- HVAC Design

**Additions / Renovations:** 2 sets of plans showing the following

- Site plan showing all set backs, septic and well location (if applicable )
- Foundation plan
- All elevations
- Floor plan
- Cross section (s)
- HVAC Design

**Accessory Buildings** over 10m<sup>2</sup> (108 ft<sup>2</sup>) i.e. detached garages, sheds, etc.

- 2 sets of plans showing the following
- Site plan showing all set backs, septic and well location (if applicable )
- Floor plan showing all doors and windows
- Foundation plan
- Cross section (s)

### **Decks**

- 1 set of plans showing the following
- Site plan showing all set backs, septic and well location (if applicable )
- Elevation drawing
- Floor plan including dimensions and material to be used

**Barns:** 2 set of plans showing the following

- all set backs, buildings and nearest neighbours residence (s)
- foundation plan
- Cross section ( s )
- Elevation all views

**ALL PLANS ( UNLESS EXEMPT ) MUST BE DESIGNED BY A PERSON REGISTERED WITH THE PROVINCE OF ONTARIO AND HAVE A BCIN NUMBER**


### **Notes:**

1. If roof or floor trusses are used, a truss design must be stamped by a Professional Engineer
2. A floating slab greater than 50 m<sup>2</sup> requires a design stamped by a Professional Engineer
3. A soils test may also be required if it is deemed necessary.
4. Set Backs on Plans will include the following: Property Lines, Farm Livestock Operations, Pits / Quarries, Water bodies, Distance to centerline of roads, Kennels, Licensed Landfill sites.

## PLOT PLAN

**Include the following information on your plan:**

1. ARROW INDICATING NORTH, AND STREET OR ROAD NAME.
2. DISTANCE OF PROPOSED BUILDING TO: \*PROPERTY LINES (ALL 4 SIDES)
3. DISTANCE OF PROPOSED BUILDING TO: \*EXISTING BUILDINGS, \*SEPTIC SYSTEMS, \*CREEKS, STREAM & RIVERS, \*HYDRO LINES, \*KENNELS, \*LIVESTOCK OPERATIONS, \*MANURE STORAGE SYSTEMS, \*PIT & QUARRY.



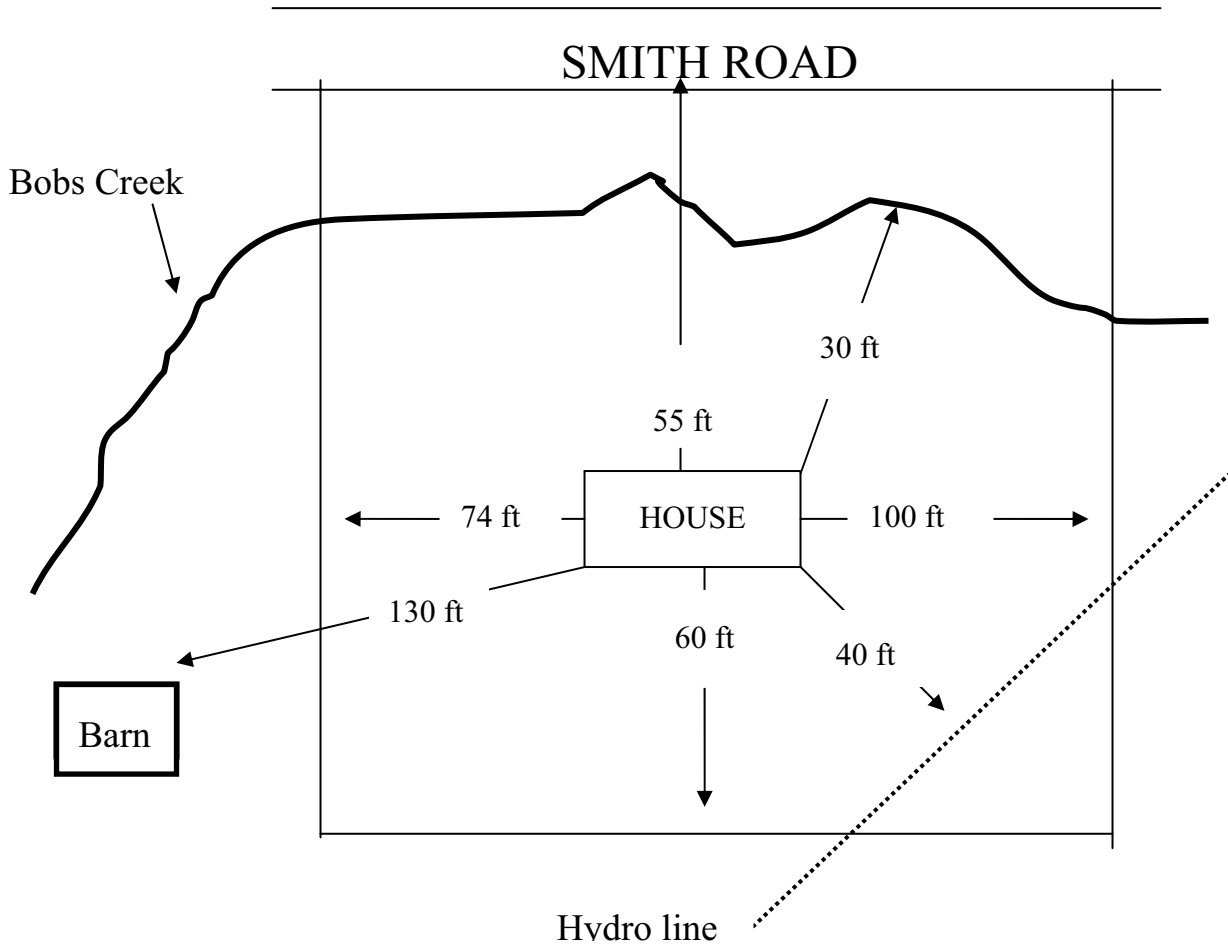
**THIS SHEET MUST BE FILLED OUT**

Signature: \_\_\_\_\_

# PLOT PLAN

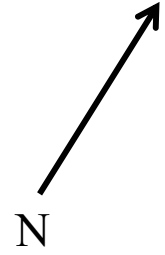
**This is a Sample of what a plan should look like**

For a HOUSE

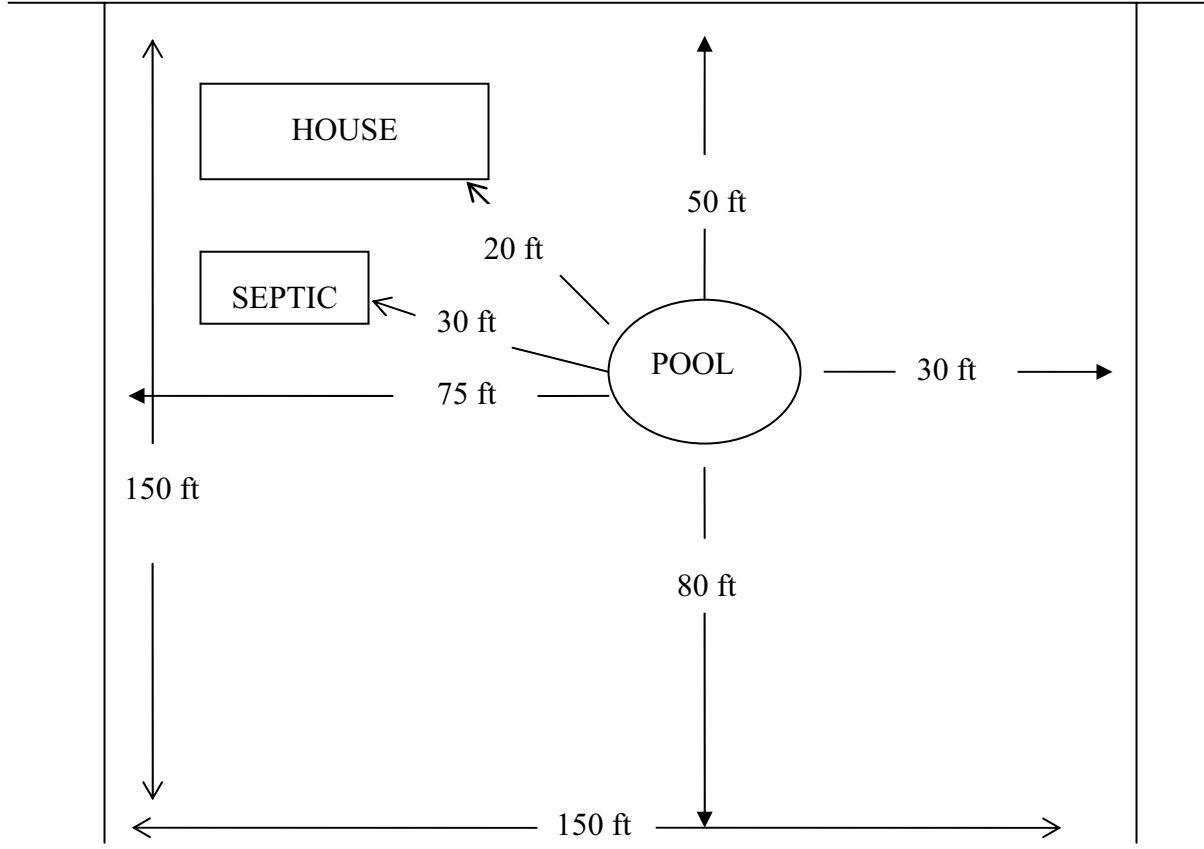


# SAMPLE PLOT PLAN

## POOL



SMITH ROAD



# SAMPLE PLOT PLAN

## GARAGE

