

Building Permit Checklist: Accessory Structure

The following documents are to be submitted with an application:

1. Completed Building Permit Application Form

2. Site Plan

a. One copy of a sketch to scale showing the property dimensions with setbacks to all existing and proposed structures. The location of the septic system, nearby power lines and wells must also be shown on the site plan.

3. Building Plans

- a. All plans (unless exempt) must be designed by a person (architect, engineer or designer) registered/licensed with the province of Ontario and have a BCIN number.
- b. Details including: floor plan, foundation plan, wall and roof specifications, elevation drawings, etc. must be included.

4. Schedule 1 Form (designer information)

5. Schedule 3 Form (deposit return information/owner's authorization (if applicable)

6. Truss Layout (if applicable)

Application Checklist	Completed
Building Permit Application Form	
Site Plan	
Building Plans	
Schedule 1 Form	
Schedule 3 Form	
Truss Layout (if applicable)	

Please note: Depending on the property's location, further documentation may be required (SDG Counties setback permits, MTO land use permits, entrance permits, conservation authority permits, etc.)

Application for a Permit to Construct or Demolish This form is authorized under subsection 8(1.1) of the *Building Code Act*, 1992

For use by Principal Authority					
Application number:		Permit	number (if different):		
Date received:	Roll number:				
Application submitted to:(Name of municipal	ity, upper-ti	ier municipality, bo	pard of health or conser	rvation authority)	
A. Project information					
Building number, street name				Unit number	Lot/con.
Municipality	Postal o	code	Plan number/other	r description	
Project value est. \$			Area of work (m ²)		
B. Purpose of application					
New construction Addition existing but		Alteratio	n/repair	Demolition	Conditional Permit
Proposed use of building		Current use of	fbuilding		
Description of proposed work					
C. Applicant Applicant is:			uthorized agent of ov		
Last name	First na	me	Corporation or par		
Street address				Unit number	Lot/con.
Municipality	Postal o	code	Province	E-mail	
Telephone number	Fax			Cell number	
D. Owner (if different from applicant)	1			1	
Last name	First na	me	Corporation or par	tnership	
Street address			1	Unit number	Lot/con.
Municipality	Postal o	code	Province	E-mail	1
Telephone number	Fax			Cell number	

E. Builder (optional)				
Last name	First name	Corporation or partners	ship (if applicable)	
Street address	1		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	1
Telephone number	Fax		Cell number	
F. Tarion Warranty Corporation (Ontario	D New Home Warran	ty Program)		
i. Is proposed construction for a new hon <i>Plan Act</i> ? If no, go to section G.	ne as defined in the Ont	ario New Home Warrantie	s Ye	s No
ii. Is registration required under the Ontai	rio New Home Warrantie	es Plan Act?	Ye	s No
iii. If yes to (ii) provide registration numbe	r(s):			
G. Required Schedules				
i) Attach Schedule 1 for each individual who re	views and takes respons	sibility for design activities.		
ii) Attach Schedule 2 where application is to cor	struct 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.				s 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> 				s 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.				s No
iv) The proposed building, construction or demolition will not contravene any applicable law.			Ye	s No
I. Declaration of applicant				
Ideclare that:				
 The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. 				
Date	Signature of	applicant		

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, MSG 2E5 (416) 585-6666.

PLOT PLAN

Please include the following information on your plan:

- 1. Please indicate a north arrow, street or road name.
- 2. The distance of proposed building to all 4 Property Lines (all 4 sides).
- 3. The distance of proposed building within 500 metres of each of the following:

Existing Buildings:	Septic Systems:
Creeks, Stream & Rivers:	Hydro Lines:
Kennels:	Livestock Operations:
Manure Storage Systems:	Pit & Quarry:

THIS SHEET MUST BE FILLED OUT

Signature:

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 descrip	otion	
B. Individual who reviews and takes	responsibilit	y for design activities		
Name	•	Firm		
Street address		1	Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail	I
Telephone number	Fax number		Cell number	
C. Design activities undertaken by in Division C]	ndividual ider	ntified in Section B. [Bui	Iding Code Tab	ble 3.5.2.1. of
House Small Buildings Large Buildings Complex Buildings Description of designer's work	HVAC – HouseBuilding StructuralBuilding ServicesPlumbing – HouseDetection, Lighting and PowerPlumbing – All BuildingsFire ProtectionOn-site Sewage Systems			g – House g – All Buildings
D. Declaration of Designer				
1		de	eclare that (choos	e one as appropriate):
(print name	e)			
I review and take responsibility C, of the Building Code. I am qu				
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:				
 The information contained in this schedule is true to the best of my knowledge. I have submitted this application with the knowledge and consent of the firm. 				
2. Thave submitted this application with the knowledge and consent of the little.				
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.

A. Project Information

Building number, street name

Description of proposed work

B. Administrative Performance Deposits

(As per Schedule "B" of By-Law 2023-033)

A refundable administrative performance deposit (Deposit) is charged for various permits issued under the *Building Code Act, 1992*. The amount of the Deposit is based on the construction value of the work. The full amount of the Deposit is refundable, if the work is completed in accordance with the timelines prescribed in Schedule "B" to By-Law #2023-033.

Prior to refunding the Deposit, the applicant/permit holder shall obtain a final inspection. The Deposit will be refunded to the **PERSON/CORPORATION** indicated below, once the final inspection has passed. An amount equal to twenty-five percent (25%) of the original Deposit will be deducted annually by the Corporation of the Township of South Stormont (Township), beginning on the second anniversary following the date of permit issuance, for a permit that has not obtained a **PASSED** final inspection. Pursuant to Building By-Law #2023-033, additional fees, such as for re-inspections, incurred by the permit holder, may be deducted from the Deposit.

I hereby acknowledge that I have read and understand that it is the responsibility of the applicant/permit holder to notify the Township for all required inspections, including the final inspection, in order to obtain the Deposit refund.

Date	Date Signature of applicant			
	Name of person to return De	posit to:		
	Complete mailing addres	SS:		
C. Agent Authorization				
Last name (agent)	First name (agent)	Corporation or partnership		
Street address	·			
City/Town	Postal code	Province		
Telephone number ()	Cell number ()	E-mail		
I,am the registered owner(s) of the property described in this application (print name of owner) form and do hereby authorizeto make applications and amendments on my behalf. (print name of authorized agent) It is understood that I/we will abide by all by-laws of the Township and that any approvals granted by this application will be carried out in accordance with the municipal requirements.				
Date	Date Signature of property owner			
D. Incomplete Application				
I				
Date	Signature	e of applicant		