Township of South Stormont

P.O. Box 84, 2 Mille Roches Road Long Sault ON KOC 1P0 Tel: 613-534-8889

Fax: 613-534-2280 Email: info@southstormont.ca



Building Permit Checklist: Renovations

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 refund information/owner's authorization) (if applicable)
- 6. Truss Layout (if applicable)
- 7. Septic Permit from South Nation Conservation (if applicable)
- 8. Energy Efficiency Design Summary (if applicable)
- 9. HVAC Design (if applicable)

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 Autho	rity						
Application number:		Permit r	Permit number (if different):				
Date received:			Roll nur	mber:			
	Name of municipalit	ty, upper-tier m	unicipality, bo	ard of health or con	nservatior	n 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	า^์)		
B. Purpose of application							
New construction		Addition to an Alteratio		•	[Demolition	Conditional Permit
Proposed use of building		Cu	ırrent use of	building			
Description of proposed work							
C. Applicant	Applicant is:	Owner o	or Au	uthorized agent of			
Last name		First name		Corporation or p	partners	hip	
Street address						Unit number	Lot/con.
Municipality		Postal code		Province		E-mail	
Telephone number		Fax				Cell number	
D. Owner (if different from	n applicant)						
Last name	,,	First name		Corporation or p	partners	hip	
Street address		1				Unit number	Lot/con.
Municipality		Postal code		Province		E-mail	
Telephone number		Fax				Cell number	

E. Builder (optional)				
Last name	First name	Corporation or partnersh	nip (if applicable)	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Walliopality	l dotal oddo	1 TOVIIIOO	L man	
Telephone number	Fax Cell number			
F. Tarion Warranty Corporation (Ontario				
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	s No
ii. Is registration required under the Ontario New Home Warranties Plan Act?			Yes	s No
iii. If yes to (ii) provide registration number	(s):			
G. Required Schedules		9 99 8 1 1 2 2 22		
i) Attach Schedule 1 for each individual who rev	•			
ii) Attach Schedule 2 where application is to con	struct on-site, install o	or repair a sewage system.		
H. Completeness and compliance with a	pplicable law			
i) This application meets all the requirements o			Yes	s No
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</i> , 1992, to be paid when the				s No
application is made.				
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</i> , 1992.			-law, Ye	s No
iii) This application is accompanied by the information and documents prescribed by the applicable by-			s No	
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.				
iv) The proposed building, construction or demolition will not contravene any applicable law. Yes No			s No	
I. Declaration of applicant			_	
(print name)			de	clare that:
(1				
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.				
2. If the owner is a corporation of partnership, I have the authority to bind the corporation of partnership.				
Data Signature of applicant				
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.

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:	
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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 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 C1** HVAC - House **Building Structural** House Small Buildings **Building Services** Plumbing - House Large Buildings Detection, Lighting and Power Plumbing - All Buildings Complex Buildings On-site Sewage Systems Fire Protection Description of designer's work **Declaration of Designer** 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.

NOTE:

Date

- 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.

Signature of Designer

Schedule 3: Consent and Acknowledgment

A. Project Information	A. Project Information				
Building number, street name					
Description of proposed work					
B. Administrative Performance Dep	osits	(As per Schedule "B" of By-Law 2023-033)			
A refundable administrative performance deposit (Deposit) is charged for various permits issued under the <i>Building Code Act</i> , 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 Signature of applicant					
	Name of person to return Deposit to:				
	Complete mailing address:				
C. Agent Authorization	Complete mailing address.				
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 am the owner or the authorized agent of the owner (print name of owner/authorized agent)					
and do hereby acknowledge that this application is deemed to be incomplete and is not entitled to the time periods prescribed in the O. Reg. 332/12: Building Code, as amended.					
Notwithstanding the above, I wish to have the application accepted for processing and understand that a permit will not be issued until all the required information is submitted and reviewed for compliance by the Chief Building Official or their designate.					
Date	Signature of applicant				

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