

# 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 (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 <sup>2</sup> ) |                               |  |

| B. 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   |                         |

| C. 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<br>(    )  | Fax<br>(    ) | Cell number<br>(    )      |        |

| 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<br>(    )             | Fax<br>(    ) | Cell number<br>(    )      |        |

| <b>E. Builder (optional)</b>  |  |                          |  |                          |    |
|---|--|--------------------------|--|--------------------------|----|
| Last name   |  | First name               | Corporation or partnership (if applicable) |                          |    |
| Street address  |  |                          | Unit number                                | Lot/con.                 |    |
| Municipality  |  | Postal code              | Province                                   | E-mail                   |    |
| Telephone number<br>( )   |  | Fax<br>( )               |  | Cell number<br>( )       |    |
| <b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>   |  |                          |  |                          |    |
| 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): _____   |  |                          |  |                          |    |
| <b>G. Required Schedules</b>  |  |                          |  |                          |    |
| 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.   |  |                          |  |                          |    |
| <b>H. Completeness and compliance with applicable law</b>   |  |                          |  |                          |    |
| 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).<br>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. |  | <input type="checkbox"/> | Yes  | <input type="checkbox"/> | 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> .   |  | <input type="checkbox"/> | Yes  | <input type="checkbox"/> | 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.   |  | <input type="checkbox"/> | Yes  | <input type="checkbox"/> | No |
| iv) The proposed building, construction or demolition will not contravene any applicable law.   |  | <input type="checkbox"/> | Yes  | <input type="checkbox"/> | No |
| <b>I. Declaration of applicant</b>  |  |                          |  |                          |    |
| 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 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 3.3.1.1, Division C?  |               |   |   |
| <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<br>(    )   | Fax<br>(    ) | Cell number<br>(    )                               |   |
| <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="margin-left: 100px;">(print name)</p> <p>1. 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>2. 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> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: 0;"> <span>Date</span> <span>Signature of applicant</span> </p> |               |   |   |

|  |          |                                      |  |                                       |              |   |               |               |
|--|----------|--------------------------------------|--|---------------------------------------|--------------|---|---------------|---------------|
| <b>A. Project Requirements</b>   |          |                                      |  |                                       |              |   |               |               |
| <input type="checkbox"/> New   |          | <input type="checkbox"/> Replacement |  | <input type="checkbox"/> Alteration   |              | <input type="checkbox"/> Repair   |               |               |
| <b>B. Classification of Proposed Sewage System</b>   |          |                                      |  |                                       |              |   |               |               |
| <input type="checkbox"/> <b>Class 1</b> – a chemical toilet, an incineration toilet, a recirculating toilet, a self-contained portable toilet and all forms of privy.<br><br><input type="checkbox"/> <b>Class 2</b> – greywater system<br><br><input type="checkbox"/> <b>Class 3</b> – cesspool<br><br><input type="checkbox"/> <b>Class 4</b> – leaching bed system<br><br><input type="checkbox"/> <b>Class 5</b> – system that requires or uses a holding tank for the retention of hauled sewage at the site where it is produced prior to its collection by a hauled sewage system.   |          |                                      | <input type="checkbox"/> Absorption trenches<br><input type="checkbox"/> Fill base absorption trenches<br><input type="checkbox"/> Filter bed<br><input type="checkbox"/> Area bed<br><input type="checkbox"/> Shallow buried trenches<br><input type="checkbox"/> Type A Dispersal Bed<br><input type="checkbox"/> Type B Dispersal Bed |                                       |              | <input type="checkbox"/> Holding tank<br><input type="checkbox"/> Septic tank<br><input type="checkbox"/> Level IV Treatment Unit |               |               |
|  |          |                                      | Description:   |                                       |              |   |               |               |
|  |          |                                      |  |                                       |              |   |               |               |
| <b>C. Design Requirements</b>  |          |                                      |  |                                       |              |   |               |               |
| <b>Description</b>   | <b>#</b> | <b>x F/U</b>                         | <b>=</b>   | <b>Finished Floor Area</b>            | <b>Sq.M.</b> | <b>Water Supply</b>   | <b>Prop's</b> | <b>Exist.</b> |
| Bathroom (3 piece)   |          | x 6 =                                |  | Basement (if walkout)                 |              | Municipal   |               |               |
| Toilet   |          | x 4 =                                |  | First Floor                           |              | Communal  |               |               |
| Basin  |          | x 1.5 =                              |  | Second Floor                          |              | Sandpoint Well  |               |               |
| Bathtub or Shower  |          | x 1.5 =                              |  | Third Floor                           |              | Dug/Bore Well   |               |               |
| Sink / Dishwasher  |          | x 1.5 =                              |  | Other                                 |              | Drilled Well  |               |               |
| Clothes Washer   |          | x 1.5 =                              |  | <b>Total Area</b>                     |              | Lake, River   |               |               |
| Laundry Tub  |          | x 1.5 =                              |  |                                       |              |   |               |               |
| Other  |          |                                      |  | <b>No. of separate dwelling units</b> |              | <b>Daily Flow (Q)</b>   |               | litres/day    |
| <b>Total Fixture Units</b>   |          |                                      |  | <b>Total number of bedrooms</b>       |              | <b>Tank Size</b>  |               | litres        |
| <b>D. Percolation Rates (T)</b>  |          |                                      |  |                                       |              |   |               |               |
| Percolation time of native soil for inground or partially raised system _____ min/cm.<br>Percolation time of any imported soil to be used in the leaching bed construction _____ min/cm.<br>Note: Attached certified soil analysis or percolation test results (depth of soil sample taken from hole).<br>Silt content of imported soil is recommended not to be greater than 15%.   |          |                                      |  |                                       |              |   |               |               |
| <b>E. Site Evaluation</b>  |          |                                      |  |                                       |              |   |               |               |
| This application shall be accompanied by a site evaluation including the following items, unless otherwise specified by the Designated Official.   |          |                                      |  |                                       |              |   |               |               |
| (a) Outline of property with all dimensions. On large parcels include area around building site only.<br>(b) Locations and dimensions of proposed and existing buildings, swimming pools, ponds, lakes, and rivers and any other pertinent topographical features (swamps, steep slopes, etc.).<br>(c) Details of proposed sewage system including size, design and location of tank and leaching bed components. Include "Site Plan" if contained in the original agreement or if registered on title.<br>(d) Location of any underground service (hydro, water, foundation footing drain, etc.).<br>(e) Location and type of all existing and proposed water supplies including neighbouring supplies.<br>(f) Sieve analysis may be required |          |                                      |  |                                       |              |   |               |               |
| <b>FOR OFFICE USE ONLY – THIS IS NOT A PERMIT</b>  |          |                                      |  |                                       |              |   |               |               |
| Permit No.   |          |                                      | Permit Fee \$  |                                       | Reviewed by  |   |               |               |
| Date issued  |          |                                      | Issue on or before:  |                                       |              | Days Taken:   |               |               |
| Issued by  |          |                                      | Comments: Provide Service and Maintenance Agreement. Seed out ASAP   |                                       |              |   |               |               |