

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 ²)	
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 ()	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.			<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. 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.			<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
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]			
<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			
D. Declaration of Designer			
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 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: _____			
<input type="checkbox"/> 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: _____			
<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 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) d) 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 authorization, 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.



TOWNSHIP OF WEST LINCOLN

318 Canborough Street, P.O. Box 400
 Smithville, Ontario L0R 2A0
 Phone: (905) 957-3346
 Fax: (905) 957-3219



RESIDENTIAL PERMIT FEES SUMMARY

Note: All Fees are calculated in square meters (sq. m)

Address		Permit No.	
Lot No.	Plan No.	Part Lot	Conc. No.

FEE CALCULATION

Class of Permit	Area (m ²) or QTY	Rate (\$/m ²)	Fee Required
Residential Occupancy: All (except Hotels/ Motels)		\$11.69/m ²	
Finished Basement		\$2.92/m ²	
Garage/ Carport / Deck/ Porch		\$2.95/m ²	
Sunroom/Solarium		\$6.50/m ²	
Water Meter & Sewer		\$554	
Demolition Fee			
Other: _____			
Other: _____			
Other: _____			
Other: _____			
Other: _____			
Other: _____			
Other: _____			
Township Development Charges			
Regional Development Charges			
Total Permit Fee and Development Charges (Note Minimum Permit Fee \$100.00)			
Performance Deposit			
Lot Grading Deposit			
Total Balance Owing			

Amount Paid: _____ Receipt No.: _____

Date: _____ Received By: _____



TOWNSHIP OF WEST LINCOLN

318 Canborough Street, P.O. Box 400
 Smithville, Ontario L0R 2A0
 Phone: (905) 957-3346
 Fax: (905) 957-3219



SUPPLEMENTAL APPLICATION INFORMATION FOR CONSTRUCTION

(Must be submitted with the "Application to Construct or Demolish")

To covert sq. ft. to sq. m. multiple by .093

Building No, Street Name			
Lot No.	Plan No.	Part Lot	Conc. No.
Ref. No.			Corner Lot: Yes No
Lot area (sq. m.)		Lot Frontage (m)	Lot depth (m)

BUILDING INFORMATION

BUILDING DETAILS		EXISTING	NEW	TOTAL	OFFICE USE ONLY
No. of Suites/Units					
Building Area (Footprint)	Sq. m				
Gross Floor area	Sq. m				
No. of stories					
Areas to be renovated or improved	Sq. m				
Area of basement	Sq. m				
Area of basement to be finished	Sq. m				
Lot coverage	%				
Occupant Load (number of persons)					
If dining or drinking establishment, specify number of seats					

ZONING INFORMATION

MISCELLANEOUS	YES	NO	OFFICE USE ONLY
With garage			
Attached deck			
Is the property affected by an easement/s?			
Is the property designated historic/resource?			
Is the property subject to Rezoning?			
Is the property subject to Minor Variance?			
Is the property subject to a Land Severance?			
Is there any existing damage to municipal property? (If yes, please provide photo or explanation)			

PLUMBING CONTRACTOR/MASTER PLUMBER INFORMATION (must be filled out by plumber)

Last name	First name	Company	
Street Address			Unit number
City	Postal Code	Province	E-mail
Phone No.	Fax No.	Cell No.	
I (<i>please print</i>) _____ am the master plumber conducting work for the subject property and hereby declare that the information contained in this section of the application is true and correct.			
Signature of Master Plumber			Date

PLUMBING JOB INFORMATION (*Fill in Appropriate Quantities*)

Total Length of Sanitary Building Drain to be Installed (m)							
Bathtubs/Showers		Slop Sinks		Drinking Fountains		Urinals/ Bidets	
Lavatories (<i>Bathroom Sinks</i>)		Kitchen Sinks		Floor Drains		Vent Stacks	
Water Closets (<i>Toilets</i>)		Other Sinks (<i>Bar, etc</i>)		Interceptors (Oil, Grease, Grit, etc)		Water Heaters	
Appliances (<i>Dishwashers, Wash Machines, etc</i>)		Laundry Tubs		Rain Water Leaders		Other	
Total No. of Fixtures							

SEWER CONTRACTOR INFORMATION

Last name	First name	Company	
Street Address			Unit number
City	Postal Code	Province	E-mail
Phone No.	Fax No.	Cell No.	
All work within the Municipal Right-of-Way is subject to a Road Occupancy Permit. Please call Public Works Department @ 905-957-3396			

SEWER JOB INFORMATION (*Fill in Appropriate Quantities*)

Sanitary Lateral (includes pipe from main to building)		m	Area Drains	QTY
Storm Lateral (includes pipe from main to building)		m	Catch Basins	QTY
Storm Building Drain		m	Manholes	QTY
Private water main Est. Value \$		m	Other Appurtenances	QTY
Water Services (max. 50mm)		m	Connection/s to main/s	QTY

OFFICE USE ONLY

BUILDING COMMENTS:	
PERMIT ISSUANCE AUTHORIZED: <i>For Tom Neufeld, Chief Building Official</i>	ISSUED DATE:

NOTICE TO APPLICANT

The fee taken at time of application is an estimate only, based on the information (e.g. gross floor or value etc.) provided by the applicant. If this information is found to be incorrect then an additional payment maybe required prior to permit issuance. Other fees may also be payable prior to permit issuance and construction shall not proceed until all fees have been paid and a permit has been issued. The applicant will be advised accordingly. Permit not valid if cheque N.S.F.