

**For Use by Township Staff (Principal Authority)**

Application Number:

Date Received:

Permit Number (if different):

Application Submitted to: **Township of West Lincoln**

**A. Project information**

Street Address:

Unit No.

Lot/Con:

Municipality:

Postal Code:

Plan Number:

Estimated Project Value: \$

Area of Work (m<sup>2</sup>):

**B. Purpose of application**

☐ New Construction    ☐ Addition to Existing Building    ☐ Alteration / Repair    ☐ Demolition    ☐ Conditional Permit

Proposed Use of Building:

Current Use of Building:

If house is a model already on file, Model Name:

☐ reversed

☐ modifications attached

Description of Proposed Work:

**C. Applicant**

Applicant is: ☐ Owner    or    ☐ Authorized Agent of Owner (if selected complete and attach authorization form)

Last Name:

First Name:

Corporation or Partnership:

Street Address:

Unit No.

Lot/Con:

Municipality:

Postal Code:

Province:

Telephone Number:

Cell Number:

Email:

**D. Owner (if different from applicant)**

Last Name:

First Name:

Corporation or Partnership:

Street Address:

Unit No.

Lot/Con:

Municipality:

Postal Code:

Province:

Telephone Number:

Cell Number:

Email:

**E. Builder (optional)**

Last Name:

First Name:

Corporation or Partnership:

Street Address:

Unit No.

Lot/Con:

Municipality:

Postal Code:

Province:

Telephone Number:

Cell Number:

Email:

**Township of West Lincoln - Building & Enforcement Department**

318 Canborough Street, Smithville, Ontario, L0R 2A0

Phone: 905 957 3346 Fax: 905 957 3219 Web: [www.westlincoln.ca](http://www.westlincoln.ca)

PLEASE SUBMIT DIGITAL BUILDING PERMIT APPLICATIONS TO: [buildingpermit@westlincoln.ca](mailto:buildingpermit@westlincoln.ca)

**F. Tarion Warranty Corporation (Ontario New Home Warranty Program)**

- i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? ☐ Yes ☐ No
- ii. Is registration required under the *Ontario New Home Warranties Plan Act*? ☐ Yes ☐ No
- iii. If yes to (ii) provide registration number(s):

**G. Required schedule**

Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

**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). ☐ Yes ☐ 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 *Building Code Act, 1992*. ☐ Yes ☐ 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 *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law. ☐ Yes ☐ No
- iv. The proposed building, construction or demolition will not contravene any applicable law. (attached) ☐ Yes ☐ No

**I. Declaration of applicant**

I, \_\_\_\_\_ declare 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: \_\_\_\_\_

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 or 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, 2<sup>nd</sup> Floor, Toronto, M5G 2E5 (416) 585-6666.

**A. Project information**

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Current use of Building to be demolished: ☐ dwelling ☐ accessory building ☐ other: \_\_\_\_\_

Extent of demolition: ☐ complete ☐ partial, description: \_\_\_\_\_

**B. Form of correspondence**

Please select the form in which you wish for the Building & Enforcement Department to correspond with you regarding the following components of the building permit process (please choose only one for each):

Issuance of the Demolition Permit: ☐ by mail, ☐ pick up or ☐ digitally – email address: \_\_\_\_\_

Building Inspection reports (prepared digitally): ☐ pick up or ☐ digitally – email address: \_\_\_\_\_

**C. Disconnection information**

Available Services are required to be shut off, disconnected and in some cases capped as a component of your demolition permit. Clearance from the corresponding Utility provider may be required. Please acknowledge confirmation of shut off / disconnection below:

- ☐ electricity..... Niagara Peninsula Energy..... 905 356 2681
- ☐ water supply ..... Township of West Lincoln..... 905 957 5139
- ☐ telephone ..... Bell Canada ..... 905 310 2355
- ☐ gas..... Enbridge ..... 877 362 7434
- ☐ cable tv ..... Cogeco Cable..... 800 267 9000
- ☐ call before you dig ..... Ontario One Call..... 800 400 2255

**D. Fire safety maintenance conditions**

Fire Watch shall be provided during periods of demolition where operations may create a fire hazard to neighbouring properties or adjacent partially occupied spaces and the site shall be toured at least once hourly

Standpipe Systems where demolition is occurring floor by floor, the standpipe system and all accessory components shall be maintained operational on all floors beneath the one being demolished other than the floor immediately below

Access for Fire Fighting all access routes shall be maintained throughout demolition activities including clear access to hydrants

Fire Extinguishers portable fire extinguishers shall be provided in all areas of concern during demolition activities

**E. Declaration of applicant**

I, the undersigned certify that the information I have provided on this document is true to the best of my knowledge, that the necessary clearances have been obtained and arrangements made with the required utility providers for disconnection, and further that I understand and accept responsibility for the required fire maintenance conditions identified above.

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

**For Use by Township Staff (Principal Authority)**

Zoning / Amendments: \_\_\_\_\_ Accepted by: \_\_\_\_\_

Building comments: \_\_\_\_\_

Demolition permit issuance authorized by: \_\_\_\_\_

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

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**A. Project information**

Street Address: Unit No. Lot/Con:

**B. Party to be authorized**

Last Name: First Name: Corporation or Partnership:  
Street Address: Unit No. Lot/Con:  
Municipality: Postal Code: Province:  
Telephone Number: Cell Number: Email:

**C. Declaration of Owner**

I, \_\_\_\_\_, being the Registered Owner of the above property hereby authorize the party stated in Section B of this form to make application for permit on my behalf to Building and Enforcement Department of the Township of West Lincoln in accordance with the applicable requirements of the Ontario Building Code for the purpose of the identified project.

Date: Signature:

The Ontario Building Code states that "owner includes, in respect of the property on which the construction or demolition will take place, the registered owner, a lessee or mortgagee in possession".

Personal information contained in this form 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 the Chief Building Official of the Township of West Lincoln.

**A. Project information**

Street Address: Unit No. Lot/Con:  
Municipality: Postal Code: Plan Number:

**B. Declaration of Owner information**

Whereas the Ontario Building Code requires that the project on the above noted property be designed and reviewed during construction by an architect, professional engineer or both that are licensed to practice in the province of Ontario;

Now therefore, the Owner or Authorized agent as assigned by the Owner, being the person who intends to construct or have constructed hereby warrants that:

1. The undersigned architect and / or professional engineer(s) have been retained to provide general reviews of the construction of the building to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the Ontario Association of Architects (OAA) and / or Professional Engineers Ontario (PEO);
2. All general review reports by the architect and / or professional engineer(s) will be forwarded promptly to the Chief Building Official;
3. Should any retained architect or professional engineer cease to provide general reviews for any reason during construction, the Chief Building Official will be notified in writing immediately, and another architect or professional engineer shall be appointed so that general review continues without interruption during construction; and
4. Construction or Demolition will only be undertaken if an architect and / or professional engineer(s) are retained to undertake general review, and a permit authorizing the proposed construction or demolition has been issued.

The undersigned hereby certifies that he / she has read and agrees above:

Last Name: First Name: Corporation or Partnership:  
Street Address: Unit No. Lot/Con:  
Municipality: Postal Code: Province:  
Telephone Number: Cell Number: Email:  
Date: Signature:

**C. Coordinator of the work of all consultants (if applicable)**

Expertise: ☐ Architectural ☐ Structural ☐ Mechanical ☐ Electrical ☐ Site Services ☐ Other:

Last Name: First Name: Middle Initial:  
Firm Name:  
Street Address: Unit No. Lot/Con:  
Municipality: Postal Code: Province:  
Telephone Number: Cell Number: Email:  
Date: Signature:

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**D. Declaration of Consultant information**

The undersigned architect and / or professional engineer hereby certify that they have been retained to provide general reviews of the parts of construction of the building indicated, to determine whether the construction is in general conformity with the plans and other documents that form the basis for issuance of a building permit, in accordance with the performance standards of the OAA and PEO.

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Expertise: ☐ Architectural ☐ Structural ☐ Mechanical ☐ Electrical ☐ Site Services ☐ Other:

Last Name: First Name: Middle Initial:

Firm Name:

Street Address: Unit No. Lot/Con:

Municipality: Postal Code: Province:

Telephone Number: Cell Number: Email:

Date: Signature:

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Expertise: ☐ Architectural ☐ Structural ☐ Mechanical ☐ Electrical ☐ Site Services ☐ Other:

Last Name: First Name: Middle Initial:

Firm Name:

Street Address: Unit No. Lot/Con:

Municipality: Postal Code: Province:

Telephone Number: Cell Number: Email:

Date: Signature:

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Expertise: ☐ Architectural ☐ Structural ☐ Mechanical ☐ Electrical ☐ Site Services ☐ Other:

Last Name: First Name: Middle Initial:

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Expertise: ☐ Architectural ☐ Structural ☐ Mechanical ☐ Electrical ☐ Site Services ☐ Other:

Last Name: First Name: Middle Initial:

Firm Name:

Street Address: Unit No. Lot/Con:

Municipality: Postal Code: Province:

Telephone Number: Cell Number: Email:

Date: Signature:

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# Tax Adjustment Application

## Municipal Act. Section 357 & 358

318 Canborough St. P.O. Box 400  
Smithville ON L0R 2A0  
T: 905-957-3346  
F: 905-957-3219



Personal information on this form is collected under the authority of Sections 357 & 358 of Municipal Act, 2001 and will be used for the purpose of processing applications for adjustment of realty taxes.

### Section 357 – Application for Current Year

A request for an adjustment to your current year realty taxes may be made for one of the reasons listed below:

#### Reason for Application (at least one applicable reason must be checked)

- ☐ ceases to be liable for tax at rate it was taxed 357(1)(a)
- ☐ land has become vacant land or excess land 357(1)(b)
- ☐ land has become exempt from taxation 357(1)(c)
- ☐ building has been razed by fire, demolished or otherwise 357(1)(d)(i)
- ☐ damaged and substantially unusable 357(1)(d)(ii)
- ☐ a mobile unit on the land was removed 357(1)(e)
- ☐ overcharged due to gross or manifest clerical/factual error 357(1)(f)
- ☐ repairs or renovations to the land prevented normal use for more than 3 months during the year 357(1)(g)
- ☐ applicant is unable to pay taxes due to sickness or extreme poverty 357(1)(d.1)

**Applications must be received by the Township of West Lincoln on or before the last day of February of the year following the year in respect of which the application is made.**

### Section 358 – Application for the two years preceding the current year (full year only)

A request for an adjustment to your taxes for either of the two years preceding the current year may be made for the following reason:

- ☐ gross or manifest error in the preparation of assessment roll that was an error of fact which may include but not limited to a clerical error, the transposition of figures, a typographical error or similar errors, but not an error in judgement in assessing the property.

**Applications must be received by the Township of West Lincoln on or before December 31<sup>st</sup> of the current year.**

Property Tax Roll Number	Taxation Year	Effective Date	End Date
<div>2602</div>	<div>For which Application is being made:</div>	<div>(Year/Month/Day)</div>	<div>(Year/Month/Day)</div>

### Applicant Information

Property Location	Owner's Name		
Mailing Address	City	Province	Postal Code
Phone	Email Address		

**Mandatory Details** (additional information detailing the reasons for your application must be provided).


I certify that the information contained on this form and any attachments is true and correct.

Name of Applicant (print)	Date (Year/Month/Day)
Signature	