

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		SWIMMING POOL	
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		Corporation or partnership	
Last name	First name	Unit number	Lot/con.
Street address			
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			
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	
Telephone number ()	Fax ()	E-mail	
Cell number ()			

F. Taron 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*? If no, go to section G. 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 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 *Building Code Act, 1992*, to be paid when the application is made. 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. Yes No

I. Declaration of applicant

_____ declare that:

(print name)

- 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 _____

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) 585-6866.

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			
Municipality	Postal code	Province	Unit no. Lot/con.
Telephone number () ()	Fax number () ()	E-mail	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 _____ (print name) _____ declare that (choose one as appropriate):

- 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: _____

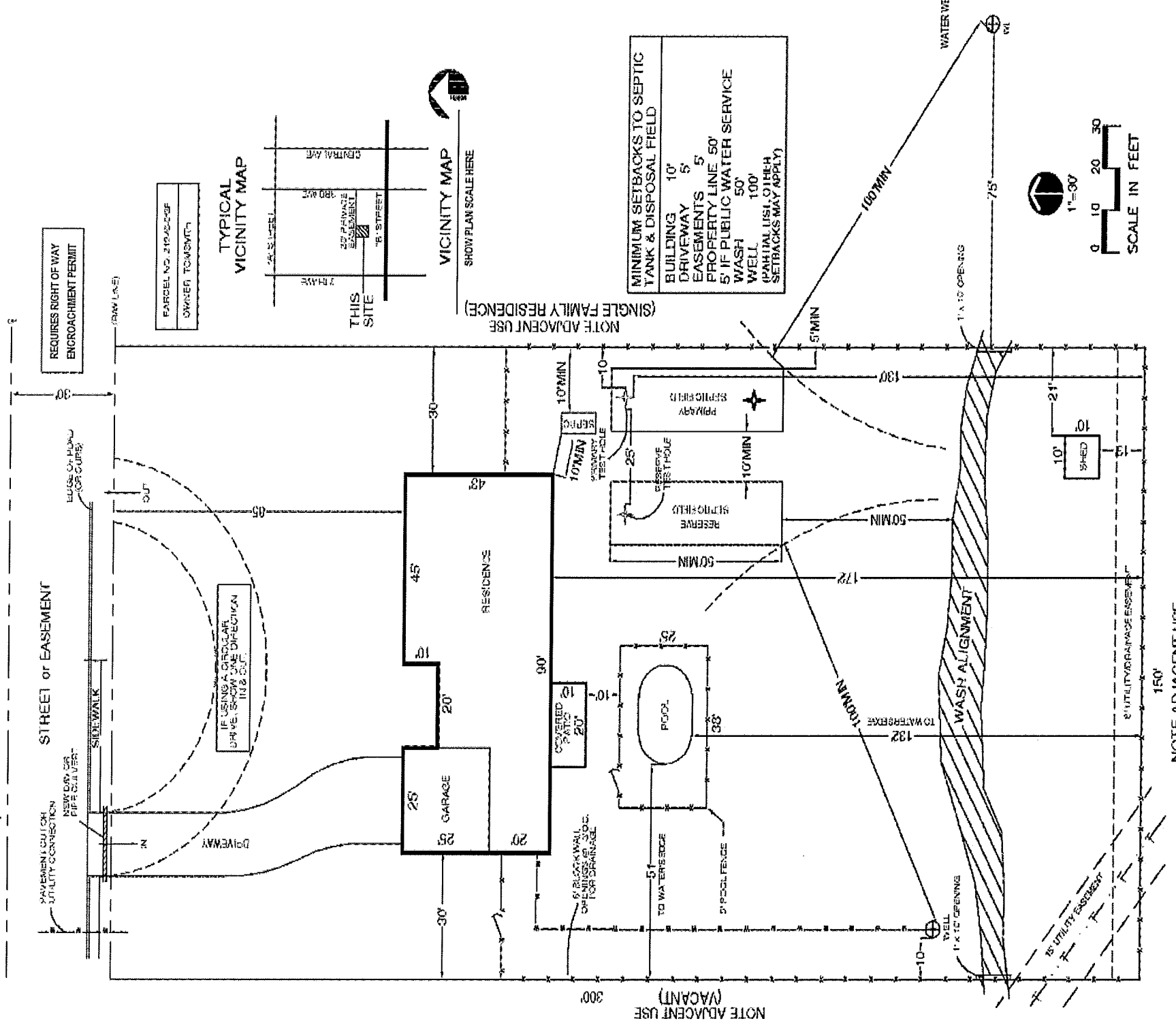
I certify that:

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.

_____ Date _____ Signature of Designer _____

NOTE:

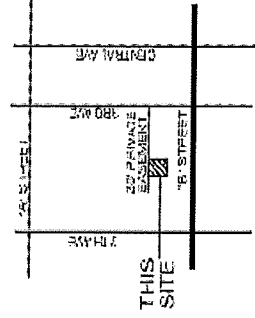
1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d). of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of 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.



REQUIRES RIGHT OF WAY ENCROACHMENT PERMIT

PARCEL NO. 210/2/2/5F
OWNER: TOMSMT

TYPICAL VICINITY MAP



VICINITY MAP
SHOW PLAN SCALE HERE

NOTE ADJACENT USE (SINGLE FAMILY RESIDENCE)

NOTE ADJACENT USE (VACANT)

MINIMUM SETBACKS TO SEPTIC TANK & DISPOSAL FIELD
 BUILDING 10'
 DRIVEWAY 5'
 EASEMENTS 5'
 PROPERTY LINE 50'
 5' IF PUBLIC WATER SERVICE
 WASH 50'
 WELL 100'
 (INITIAL USE, OTHER SETBACKS MAY APPLY)



1"=30'
 0 10 20 30
 SCALE IN FEET

NOTE ADJACENT USE

SAMPLE ONLY (DRAWING SHOWN IS NOT TO SCALE)
 ADDITIONAL DETAILED PLANS MAY BE REQUIRED.

BUILDING FOR "B" (SITE PLAN)

THIS DOCUMENT CONSTITUTES BUILDING FORM "B" WHICH IS REQUIRED AND MUST BE COMPLETED PRIOR TO THE ISSUANCE OF A BUILDING PERMIT IN THE MUNICIPALITY SPECIFIED ON FORM "A" (REFER TO BACK OF THIS FORM FOR INSUTRCTIONS)

- FOR OFFICE USE ONLY -

Permit No.

Street

Lot

Conc.

THE ACCURACY OF THE INFORMATION ON BUILDING FORM "B" IS THE RESPONSIBILITY OF THE APPLICANT AND IS HEREBY MADE PART OF THIS APPLICATION. I HEREBY CERTIFY THAT THE INFORMATION APPEARING ON BUILDING FORM "B" IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY.

OWNER OR AUTHORIZED AGENT _____

DATE _____



Naturally Spirited

KILLALOE-HAGARTY-RICHARDS

1 John St., P.O. Box 39
Killaloe ON K0J 2A0
Telephone: 613-757-2300 Fax: 613-757-3634
Email: info@khrtownship.ca
Website: www.killaloe-hagarty-richards.ca

Building Permit Deposit Release Form

It is the sole responsibility of the building permit holder to request the required prescribed inspections from the Chief Building Official throughout the duration of the project. The Township of Killaloe, Hagarty & Richards is taking steps to ensure building permits are finalized by the Chief Building Official by requesting an additional \$100.00 deposit on top of the required building permit fee. This fee is returnable upon the successful finalization of the permit by the Chief Building Official.

If an inspection has not been requested within 12 months of the previous inspection, the building permit may then be considered expired, revoked, or abandoned and the deposit may be retained by the municipality.

I, (Print Name) _____, as the permit holder of a building permit, understand it is my sole responsibility to request all prescribed inspections, including finalization/occupancy, for the purposes of a building permit.

Signature of Permit Holder: _____ **Date:** _____

Permit Paid by: _____

Deposit Paid by: _____

For Principal Authority Only:

Permit No: _____

Roll Number: _____

Address: _____

Project Finalization Date: _____

CBO Signature: _____

Deposit Refunded to: _____

Date: _____