## 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 Authority	For use by Principal Authority						
			Permit number (if different):				
Date received:	Date received: Roll nu			umber:			
Application submitted to:(Name of municipal	ity, upper-ti	ier municipality, bo	pard of health or conser	rvation authority)			
A. Project information							
Building number, street name				Unit number	Lot/con.		
Municipality	Postal code I		Plan number/other	umber/other description			
Project value est. \$			Area of work (m <sup>2</sup> )				
B. Purpose of application							
New construction Addition existing but		Alteratio	n/repair	Demolition	Conditional Permit		
Proposed use of building	Current use of		fbuilding				
Description of proposed work							
C. Applicant Applicant is:							
Last name	First na	me	Corporation or par				
Street address				Unit number	Lot/con.		
Municipality	Postal code		Province	E-mail			
Telephone number	Fax			Cell number	Cell number		
D. Owner (if different from applicant)	1			1			
Last name	First na	me	Corporation or par	tnership			
Street address			1	Unit number	Lot/con.		
Municipality	Postal code		Province	E-mail	E-mail		
Telephone number	Fax			Cell number			

E. Builder (optional)					
Last name	First name	Corporation or partners	ship (if applicable)		
Street address	1		Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail	1	
Telephone number	Fax		Cell number		
F. Tarion Warranty Corporation (Ontario	D New Home Warran	ty Program)			
i. Is proposed construction for a new hon <i>Plan Act</i> ? If no, go to section G.	ne as defined in the Ont	ario New Home Warrantie	s Ye	s No	
ii. Is registration required under the Ontai	rio New Home Warrantie	es Plan Act?	Ye	s No	
iii. If yes to (ii) provide registration numbe	r(s):				
G. Required Schedules					
i) Attach Schedule 1 for each individual who re	views and takes respons	sibility for design activities.			
ii) Attach Schedule 2 where application is to cor	struct on-site, install or	repair a sewage system.			
H. Completeness and compliance with	applicable law				
<ul> <li>This application meets all the requirements of Building Code (the application is made in the applicable fields have been completed on the schedules are submitted).</li> </ul>	correct form and by the	owner or authorized ager		s No	
Payment has been made of all fees that are	nent has been made of all fees that are required, under the applicable by-law, resolution or Yes lation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the				
ii) This application is accompanied by the plans resolution or regulation made under clause 7					
iii) This application is accompanied by the inform law, resolution or regulation made under clau the chief building official to determine whether contravene any applicable law.	use 7(1)(b) of the Buildin	ng Code Act, 1992 which e	nable	s No	
iv) The proposed building, construction or demo	lition will not contravene	e any applicable law.	Ye	s No	
I. Declaration of applicant					
			do	clare that:	
(print name)			de		
<ol> <li>The information contained in this applied documentation is true to the best of my</li> <li>If the owner is a corporation or partners</li> </ol>	v knowledge.			ner attached	
Date	Signature of	applicant			

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, MSG 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 descrip	otion	
B. Individual who reviews and takes	responsibilit	y for design activities		
Name	•	Firm		
Street address		1	Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail	I
Telephone number	Fax number		Cell number	
C. Design activities undertaken by in Division C]	ndividual ider	ntified in Section B. [Bui	Iding Code Tab	ble 3.5.2.1. of
House Small Buildings Large Buildings Complex Buildings Description of designer's work	HVAC – HouseBuilding StructuralBuilding ServicesPlumbing – HouseDetection, Lighting and PowerPlumbing – All BuildingsFire ProtectionOn-site Sewage Systems			g – House g – All Buildings
D. Declaration of Designer				
1		de	eclare that (choos	e one as appropriate):
(print name	e)			
I review and take responsibility C, of the Building Code. I am qu				
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:				
<ol> <li>The information contained in this schedule is true to the best of my knowledge.</li> <li>I have submitted this application with the knowledge and consent of the firm.</li> </ol>				
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) (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.

## Schedule 2: Sewage System Installer Information

A. Project Information						
Building number, street name	uilding number, street name		Unit number	Lot/con.		
Municipality	Postal code	Plan number/ other description				
B. Sewage system installer						
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?						
Yes (Continue to Section C)		No (Continue to Section E)		Installer unknown at time of application (Continue to Section E)		
C. Registered installer informatio	n (where answ	ver to B is "Yes")	-			
Name			BCIN			
Street address			Unit number	Lot/con.		
Municipality	Postal code	Province	E-mail			
Telephone number	Fax	·	Cell number			
D. Qualified supervisor information	on (where answ	wer to section B is "Yes	")			
Name of qualified supervisor(s)         Building Code Identification Number (BCIN)						
E. Declaration of Applicant:						
				declare that:		
(print name)						
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;						
<u>OR</u>						
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.						
I certify that:						
1. The information contained in this schedule 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						