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							
Application number:		Permit r	Permit number (if different):				
Date received:		Roll nur	nber:				
Application submitted to:							
(Name of municip	ality, upper-tie	r municipality, bo	ard of health or conservat	tion authority)			
A. Project information				Link a contra	1.4/5.5		
Building number, street name				Unit number	Lot/con.		
Municipality	Postal co	ode	Plan number/other de	escription			
. ,				•			
Project value est. \$			Area of work (m ²)				
B. Purpose of application							
Δdditio	n to an	A1, .:	, .	D. Pri	Conditional		
New construction existing b	existing building		n/repair	Demolition	Permit		
Proposed use of building		Current use of	building				
Description of proposed work	l .						
C. Applicant Applicant is	s: Owne	r or Au	uthorized agent of own	er			
Last name	First nam		Corporation or partne				
Street address				Unit number	Lot/con.		
Street address				Offic fluriber	LOI/COII.		
Municipality	Postal co	ode	Province	E-mail	<u>I</u>		
T	<u> </u>						
Telephone number	Fax	Fax		Cell number			
D. Owner (if different from applicant)							
Last name	First nam	First name Corporation or partr		ership			
Street address				Unit number	Lot/con.		
Municipality	Postal co	ode	Province	E-mail			
indino,painty	1 ootal oo	,40	1 10111100	_ maii			
Telephone number	Fax			Cell number			
	Permit to	o be picked u	p.				
	Picked (Picked up by (print): Date:					
application for a Permit to Construct or Demolish		Page 1 of 4					
	Picked u	Picked up by (sign):					

E. Builder (optional)						
Last name	First name	Corporation or partnersh	nip (if applicable)	(if applicable)		
Street address			Unit number	Lot/con.		
Municipality	Postal code	Province	E-mail			
Walliopality	1 Ostal Code 1 Tovillos E-Iliali					
Telephone number	Fax Cell number					
F. Tarion Warranty Corporation (Ontario						
i. Is proposed construction for a new home as defined in the Ontario New Home Warranties Plan Act? If no, go to section G.				s No		
ii. Is registration required under the Ontar	io New Home Warrar	nties Plan Act?	Yes	s No		
iii. If yes to (ii) provide registration number	(s):					
G. Required Schedules		9 99 8 1 1 2 21 52				
i) Attach Schedule 1 for each individual who rev	•					
ii) Attach Schedule 2 where application is to con	struct on-site, install o	or repair a sewage system.				
H. Completeness and compliance with a	pplicable law					
i) This application meets all the requirements o			Yes	s No		
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).	schedules are submitted).					
Payment has been made of all fees that are r regulation made under clause 7(1)(c) of the E	Yes	s No				
application is made.						
ii) This application is accompanied by the plans resolution or regulation made under clause 7	-law, Ye	s 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.						
iv) The proposed building, construction or demolition will not contravene any applicable law. Yes				s No		
I. Declaration of applicant			_			
(print name)			de	clare that:		
(1						
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.						
2. If the owner is a corporation of partnership, I have the authority to bind the corporation of partnership.						
Date	Signotur	of applicant		_		
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 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 C1** HVAC - House **Building Structural** House Small Buildings **Building Services** Plumbing - House Large Buildings Detection, Lighting and Power Plumbing - All Buildings Complex Buildings On-site Sewage Systems Fire Protection Description of designer's work **Declaration of Designer** declare that (choose one as appropriate): (print name) 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.

NOTE:

Date

- 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.

Signature of Designer

Schedule 2: Sewage System Installer Information

A. Project Information							
Building number, street name		Unit number	Lot/con.				
Municipality	Postal code	Plan number/ other descr	other description				
B. Sewage system installer	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 information	n (where answ	er to R is "Yes")		,			
Name	ii (where answ		BCIN				
Otropt address			Hait acceptant	1 -4/			
Street address			Unit number	Lot/con.			
Municipality	Postal code	Province	E-mail				
Telephone number	Fax		Cell number				
D. Qualified supervisor information (where answer to section B is "Yes")							
Name of qualified supervisor(s) Building Code Identification Number (BCIN)							
E. Declaration of Applicant:							
1				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							