

Application for a Permit to Construct or Demolish

NOTE: Please print on "legal" size paper or shrink to fit "letter" size

This form is authorized under subsection 8(1.1) of the Building Code.

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. Attachments	
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 bylaw, 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 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, 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 . **NOTE:** If printing this application, please use legal size (8-1/2"x14" or 216mm x 356mm) paper or shrink the page to print on letter size (8-1/2"x11" or 216mm x 279mm) paper.

Permit Number										
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FOR OFFICE USE ONLY

1. General Information

Nature of work <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Storm/Sanitary services <input type="checkbox"/> Water services <input type="checkbox"/> Sewage system				Previously approved plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan examiner	Area code	3 day permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Permit via <input type="checkbox"/> Mail <input type="checkbox"/> Pickup			Send to <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Authorized agent				

2. Zoning

Permitted use	Park dedication required <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Account
Compliance status <input type="checkbox"/> Not required <input type="checkbox"/> Not in compliance <input type="checkbox"/> C of A number: <input type="checkbox"/> Complies <input type="checkbox"/> C of A required	Examined by	Year	Month

3. Site Plan

Site plan <input type="checkbox"/> Not required <input type="checkbox"/> Complies <input type="checkbox"/> Required	Development agreement <input type="checkbox"/> Not required <input type="checkbox"/> Required	Examined by	Year	Month	Day
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4. Plan Examiners

Type	Not Required	Required	Foundation	Date Released Year Mon. Day	Shell/No Connect	Date Released Year Mon. Day	Full	Date Released Year Mon. Day
Structural								
Mechanical								
Plumbing								
Storm/Sanitary services								
Water services								
Sewage system								
Fire Prevention Office								
Architectural								

Remarks
 Conditions Conditional permit

5. Fees

Fee Description	Amount	Date Paid			Receipt Number
		Year	Month	Day	
Permit					
Additional permit					
Water					
3 Day					
Conditional permit					
Early start					
Park dedication					
Other (ie Sewage System)					

Development Charges

Amount applicable	City/Urban Works	Secondary School Board
Exempt amount		
Amount paid		
Balance owing		

6. Development Agreements/Securities

Required	Yes	No	Received	Yes	No
Securities D/A					
Conditional permit					
WM - 4					
Demo					
Road widening					
Other					

Received but not complied with Complies
Examined by _____ Year Month Day

7. Final Check

Cancelled by	Year	Month	Day	
<input type="checkbox"/> Fees owing				
<input type="checkbox"/> Other (Specify)				
Released for	Final Check by	Year	Month	Day
Foundation				
Shell/No connect				
Full				

8. Permit Issuance

<input type="checkbox"/> Foundation	Year	Month	Day	<input type="checkbox"/> Shell/No connect	Year	Month	Day	<input type="checkbox"/> Full	Year	Month	Day
Issued by				Issued by				Issued by			