

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 | |
|--------------------------------|--------------|
| Application number: | Received by: |
| Date received: | Roll number: |

Application submitted to: **City of Owen Sound, Community Services Department, Building Division**

| A. Project information | | | |
|--|---|--|--|
| Street address: | | | Unit: |
| Municipality: City of Owen Sound | Postal Code: | Plan or lot number: | |
| 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"/> Plumbing - Schedule '3' |
| | | <input type="checkbox"/> Demolition - Schedule '3' | <input type="checkbox"/> Conditional Permit |
| Proposed use (Zoning) of building: | | Current use (Zoning) 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: | Company Name: |
| Street address: | | | Unit: |
| Municipality (mailing address): | Postal code : | Province: | E-mail: |
| Telephone number: () | Fax: () | Cell number: () | |
| D. Owner (if different from applicant) | | | |
| Last name: | | First name: | Company Name: |
| Street address: | | | Unit: |
| Municipality (mailing address): | Postal code: | Province: | E-mail: |
| Telephone number: () | Fax: () | Cell: () | |
| E. Contractor (optional) | | | |
| Last name: | | First name: | Company Name: |
| Street address: | | | Unit: |
| Municipality (mailing address): | 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. 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 & 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 |
| | <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 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.

OFFICE USE ONLY:

Charges/Fees:

County Development Charge: \$ _____ paid

Development Charge: \$ _____ paid

Engineering Services Fee: \$ _____ paid

Permit Fee: \$ _____ paid

Attached Garage/Other: \$ _____ paid

Penalty Permit Fee: \$ _____ paid

Security Deposit: \$ _____ paid refunded

Final Inspection Deposit: \$ _____ paid refunded

Total Charges: \$ _____ paid

Date Issued: _____

Contact us at:

City Hall
 808 Second Avenue East
 OWEN SOUND, ON N4K 2H4
 (519) 376-4440, ext. 1275
 fax (519) 371-0511
building@owensound.ca
www.owensound.ca/building

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 | | | |
| Address: Same as page 1 | | | |
| Municipality: City of Owen Sound | | | |
| B. Individual who reviews and takes responsibility for design activities | | | |
| Name: | | Firm: | |
| Address: | | | Unit number: |
| 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 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, _____, declare that (choose one as appropriate): | | | |
| (print name) | | | |
| <input type="checkbox"/> 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: _____ | | | |
| <input type="checkbox"/> 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: _____ | | | |
| <input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code. | | | |
| Basis for exemption from registration and qualification: _____ | | | |
| <input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code, per Division C, Part 3, Sections 3.2.4.1.(3)(b) and 3.2.5.1.(2)(b). I am the residential property owner; these are my drawings and I take full responsibility for their design. | | | |
| 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:

- 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.
- Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, 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 3: Other Municipal Information

| Plumbing Permit - If the project is for new or altered plumbing, complete the following: | | | | | | | |
|--|--------------------------|--------|-----|----------|---------------------------------------|------------|-----|
| Plumber: | | | | Company: | | | |
| Fixture Count | | | | | | | |
| # | Item | @ | Fee | # | Item | @ | Fee |
| | Sink/Basin/Lavatory | \$8.50 | \$ | | Floor/Indirect Drains | \$8.50 | \$ |
| | Dishwasher | \$8.50 | \$ | | Interceptors | \$8.50 | \$ |
| | Shower/Bath | \$8.50 | \$ | | Stacks | \$20 | \$ |
| | Laundry Tub/Trays | \$8.50 | \$ | | Rain Water Leaders | \$20 | \$ |
| | Auto Washer | \$8.50 | \$ | | Other | | \$ |
| | Drinking Fountain | \$8.50 | \$ | | Water Conditioner – no other plumbing | \$30 total | \$ |
| | Water Closet/Urinals | \$8.50 | \$ | | Residential Permit Fee | \$38.50 | \$ |
| | Water Heater/Conditioner | \$8.50 | \$ | | Commercial Permit Fee | \$77 | \$ |
| Total Plumbing Fee (minimum charge \$85) | | | | | | | \$ |

| Demolition Permit | | | | |
|---|---|-----------------------------------|---------|------------------------|
| Projected start & finish dates: | | | | |
| Start: | | | Finish: | |
| Required Approvals: Officers of the agencies designated below must complete & sign this form (area code 519 unless noted) | | | | |
| Agency/Utility: | Address/Phone/Fax: | Issue: | Date: | Signature of Official: |
| Public Works | 1900 20 th St East 376-4274 – fax 372-1209 | Sanitary & Storm Sewer Capping | | |
| Comments/Conditions: <i>attention Public Works Manager</i> | | | | |
| Public Works | 1900 20 th St East 376-4274 – fax 372-1209 | Water & Water Meter Removal | | |
| Comments/Conditions: <i>attention Public Works Manager</i> | | | | |
| Hydro One Service | 1-888-664-9376 (say 'services') fax 1-888-625-4401 | Electric Service | | |
| Comments/Conditions: | | | | |
| Union Gas | (888) 774-3111, <i>press '0' or say 'agent'</i> fax (866) 263-0581 | Gas & Gas Equipment | | |
| Comments/Conditions: | | | | |
| Rogers Cable Systems | (705) 737-4660, ext. 6942 fax (705) 737-3840 | Cable TV System | | |
| Comments/Conditions: <i>attention Bernie Cyr</i> | | | | |
| Bell Canada | 371-3125 fax 376-3563 | Telephone System | | |
| Comments/Conditions: | | | | |