



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 Town of Smiths Falls

Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to Town of Smiths Falls

A. Project information			
Building number, street name		Unit number (if applicable)	Lot/con. (Optional)
Municipality	Postal code	Plan number & lots/parts	
Project value est. \$ (To include cost of materials & labour)		Area of work (ft 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
<input type="checkbox"/> Install/Erect/Replace				

Description of proposed work	
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Proposed use of building	Current use of building
Age of Building	

Use			
<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Government/Institutional <input type="checkbox"/> Municipal <input type="checkbox"/> Single Residential <input type="checkbox"/> Multi Unit Residential - If So, How Many Units _____			
Type			
<input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex <input type="checkbox"/> Apt/Row House <input type="checkbox"/> Conversion <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Addition <input type="checkbox"/> Deck <input type="checkbox"/> Garage/Carport			
C. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner (need signed agent form)			
Last name		First name	Corporation or partnership
Street address			Unit number (If applicable) Lot/con.(Optional)
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 (If applicable) Lot/con.(Optional)
Municipality		Postal code	Province E-mail
Telephone number ()		Fax ()	Cell number ()
E. Builder (If builder is not the owner, this information is required) <input type="checkbox"/> Owner is builder			
Last name		First name	Corporation or partnership (if applicable)
Street address			Unit number (If applicable) Lot/con. (Optional)
Municipality		Postal code	Province E-mail
Telephone number ()		Fax ()	Cell number ()
F. Tarion Warranty Corporation (Ontario New Home Warranty Program) <input type="checkbox"/> N/A – No new dwelling unit being constructed			
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.	<input type="checkbox"/> Attached	
ii)	Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.	<input type="checkbox"/> Attached	<input type="checkbox"/> N/A
iii)	Attach Schedule 3 being the required plot plan.	<input type="checkbox"/> Attached	
iv)	Attach Schedule 4 where application is to demolish.	<input type="checkbox"/> Attached	<input type="checkbox"/> N/A

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
	<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 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.	<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 these 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.

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 and lots/parts	
B. Individual who reviews and takes responsibility for design activities			
Name		Firm	
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 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 or <input type="checkbox"/> letter attached.			
D. Declaration of Designer			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p><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.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Firm BCIN: _____</p> <p><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.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="padding-left: 40px;">Basis for exemption from registration and qualification: <input type="checkbox"/> Owner Design <input type="checkbox"/> Other – Detail Required:</p> <p style="padding-left: 40px;">_____</p> <p style="padding-left: 40px;">_____</p> <p>I certify that:</p> <ol style="list-style-type: none"> 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. <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Date Signature of Designer </p>			

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.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name		Unit number (If applicable)	Lot/con. (Optional)
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?			
<input type="checkbox"/> Yes (Continue to Section C) <input type="checkbox"/> No (Continue to Section E) <input type="checkbox"/> Installer unknown at time of application (Continue to Section E)			
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number (If applicable)	Lot/con. (Optional)
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:			
<p>I _____ declare that:</p> <p style="margin-left: 40px;">(print name)</p> <p><input type="checkbox"/> 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;</p> <p><u>OR</u></p> <p><input type="checkbox"/> 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.</p> <p>I certify that:</p> <ol style="list-style-type: none"> 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. <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Date Signature of applicant </p>			

Schedule 4: Disconnection of Services & Compliance Requirement for Demolition

A. Project Information		
Building number, street name	Unit number (If applicable)	Lot/con. (Optional)
Municipality	Postal code	Plan number & lots/parts
Proposed Date of Demolition		
Completion Date of Demolition		
B. The Following Services Require Disconnection or Shut Off Prior to Issuance of a Demolition Permit and Clearance From the Corresponding Utility Agencies Is Required. This Completed Form Must Be Forwarded to The Chief Building Official Prior To Obtaining a Demolition Permit.		
Bell Canada Telephone: (613) 345-2377 Fax: (613) 345-2581 Date Service to be Disconnected: _____ Authorized Representative/Signature: _____		
Hydro One Telephone: 1-888-345-2377 Fax: (613) 267-9917 Date Service to be Disconnected: _____ Authorized Representative/Signature: _____		
Cogeco Telephone: (613) 432-6580 Fax: (613) 432-4810 Date Service to be Disconnected: _____ Authorized Representative/Signature: _____		
Water/Sewer Telephone: (613) 283-4124 Fax: (613) 283-0558 Date Service to be Disconnected: _____ Authorized Representative/Signature: _____		
Enbridge Telephone: 1-800-267-3616 Fax: (613) 742-4503 Date Service to be Disconnected: _____ Authorized Representative/Signature: _____		
C. Requirements:		
1. If the building is serviced by a septic tank, the tank shall be pumped out & capped until approved for future use or the septic tank shall be pumped out, broken and filled with sand or gravel, or the entire tank shall be removed or backfilled.		
2. If the building is serviced by a well, the well is to be properly abandoned by a licensed well driller in accordance with Regulation 903 of The Ontario Water Resources Act.		
3. Sites containing any possible contaminants are to be decommissioned and approved by the Ministry of the Environment.		
4. A material assessment inspection must be conducted and a Notice of Project forwarded to the Ministry of Labour according to Ontario Regulation 278/05.		
5. A copy of the material assessment inspection report must be provided to the building department.		
D. Declaration of Applicant:		
I _____ declare that: <div style="text-align: center; margin-left: 100px;">(print name)</div> I acknowledge that all of the above agencies that are applicable to this structure have been contacted and the services disconnected. I further acknowledge that I have read Requirements 1 to 5 and have complied with all that are applicable. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;">Date</div> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Signature of applicant</div> </div>		