

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 #:	Received by:
Date received:	Roll #:

Application submitted to: **City of Owen Sound, Building Division, 808 2nd Avenue East, Owen Sound, ON N4K 2H4**
(519) 376-4440, ext. 1231, Fax (519) 371-0511, building@owensound.ca www.owensound.ca/building

A. Project information			
Street address:		Unit #:	
Municipality: City of Owen Sound	Postal Code:	Plan or lot number:	
Construction value est. \$:	Plumbing 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 of building:	Current use of building:	Current Zoning of property:	
Description of proposed work:			
C. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner (complete Section J.)			
Last name:	First name:	Company Name:	
Mailing address:			Unit #:
Municipality:	Postal code :	Province:	E-mail:
Telephone: ()	Fax: ()	Cell: ()	
D. Owner (if different from applicant)			
Last name:	First name:	Company Name:	
Mailing Address:			Unit #:
Municipality:	Postal code:	Province:	E-mail:
Telephone: ()	Fax: ()	Cell: ()	
E. Contractor (optional, if different from Applicant)			
Last name:	First name:	Company Name:	
Mailing Address:			Unit #:
Municipality:	Postal code:	Province:	E-mail:
Telephone: ()	Fax: ()	Cell: ()	
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 Ontario 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"/> Yes	<input type="checkbox"/> No <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: <div style="text-align: center;">(print name)</div> 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	
J. Declaration of Owner Authorizing the Applicant (If relevant - required by Section C)		
I/We _____, being the <div style="text-align: center;">(print name)</div> registered owner(s) of the subject property, hereby authorize _____ to prepare, <div style="text-align: center;">(Applicant/Agent)</div> submit and obtain a building permit, on my behalf for the property at : _____ <div style="text-align: center;">(property address)</div>		
_____ Signature of Agent	_____ Signature of Owner(s)	

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 2: 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: ()	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 Ontario 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 Ontario 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 Ontario 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 Ontario 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:

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 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	\$4.00	\$		Floor/Indirect Drains	\$4.00	\$
	Dishwasher	\$4.00	\$		Interceptors	\$4.00	\$
	Shower/Bath	\$4.00	\$		Stacks	\$4.00	\$
	Laundry Tub/Trays	\$4.00	\$		Rain Water Leaders	\$4.00	\$
	Auto Washer	\$4.00	\$		Other		\$
	Drinking Fountain	\$4.00	\$		Water Conditioner – no other plumbing	\$30.00 total	\$
	Water Closet/Urinals	\$4.00	\$		Residential Permit Fee	\$42.50	\$
	Water Heater/Conditioner	\$4.00	\$		Commercial Permit Fee	\$85.00	\$
Total Plumbing Fee (minimum charge \$125.00)							\$

OFFICE USE ONLY:

Charges/Fees:

County Development Charge: \$ _____		<input type="checkbox"/> paid	
Development Charge: \$ _____		<input type="checkbox"/> paid	
Engineering Services Fee: \$ _____		<input type="checkbox"/> paid	
Plumbing Permit Fee: \$ _____		<input type="checkbox"/> paid	
Construction Permit Fee: \$ _____		<input type="checkbox"/> paid	
Attached Garage/Other: \$ _____		<input type="checkbox"/> paid	
Occupancy Fee: \$ _____		<input type="checkbox"/> paid	
Penalty Permit Fee: \$ _____		<input type="checkbox"/> paid	
Security Deposit: \$ _____		<input type="checkbox"/> paid	<input type="checkbox"/> refunded
Total Charges: \$ _____		<input type="checkbox"/> paid	

Date Issued: _____

SCHEDULE 4: DEMOLITION PERMIT INFORMATION

Demolition Permit - A valid locate is required for any digging – ‘call before you dig’ – ON1CALL 1-800-400-2255	
Projected start & finish dates:	
Start:	Finish:
Required Approvals: Officers of the agencies designated below must complete & sign this form (area code 519 unless noted)	
Property Address:	

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 Water/Wastewater Manager</i>				
Further, please note: <i>contact Public Works staff to observe sewer capping (at property line) at time of demolition.</i>				
Public Works	1900 20 th St East 376-4274 – fax 372-1209	Water & Water Meter Removal		
Comments/Conditions: <i>attention Water Distribution Co-ordinator</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 ‘3’ or say ‘utilities’</i> fax (866) 263-0581 uglmovingsupport@uniongas.com	Gas & Gas Equipment		
Comments/Conditions:				
Rogers Communications Inc. (Rogers Cable)	simcoecirculations@rci.rogers.com fax (705) 737-3840	Cable/Telephone/ Internet		
Comments/Conditions: <i>attention Bernie Cyr</i>				
Bell Canada	371-3125 fax 376-3563	Telephone System		
Comments/Conditions:				