

# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

<b>For use by Principal Authority</b>			
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)			
<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (m <sup>2</sup> )	
<b>B. Purpose of application</b>			
<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			
<b>C. Applicant</b>			
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
<b>D. Owner (if different from applicant)</b>			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number

<b>E. Builder (optional)</b>				
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	
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
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): _____				
<b>G. Required Schedules</b>				
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.				
<b>H. Completeness and compliance with applicable law</b>				
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 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
<b>I. Declaration of applicant</b>				
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.

## 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		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			
D. Declaration of Designer			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>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>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of Designer</span> </p>			

**NOTE:**

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.

## Schedule 2: Sewage System Installer Information

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
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)	
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<p>_____ declare that:</p> <p style="text-align: center;">(print name)</p> <p>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><b>OR</b></p> <p>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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			

## Schedule 3: Sewage System Site Information

### Section A – Building Information

Please complete the following table:					
<u>Description</u>	<u>Total</u>	X	<u>Fixture Units</u>	=	<u>Total Fixture Units</u>
(From Table 7.4.9.3 Ontario Building Code)					
Water Closet (Flush Tank Toilet)	_____	X	4	=	_____
Each Sink Or	_____	X	1 ½	=	_____
Bathtub or shower	_____	X	1 ½	=	_____
Dishwasher if direct connect	_____	X	1 ½	=	_____
Clothes Washing Machine	_____	X	1 ½	=	_____
Other _____	_____	X	1 ½	=	_____
Other _____	_____	X	1 ½	=	_____
Total Fixture Units					_____

### No Construction Shall Commence Prior of the Septic Permit Being Issued

### Section B - For Sewage System

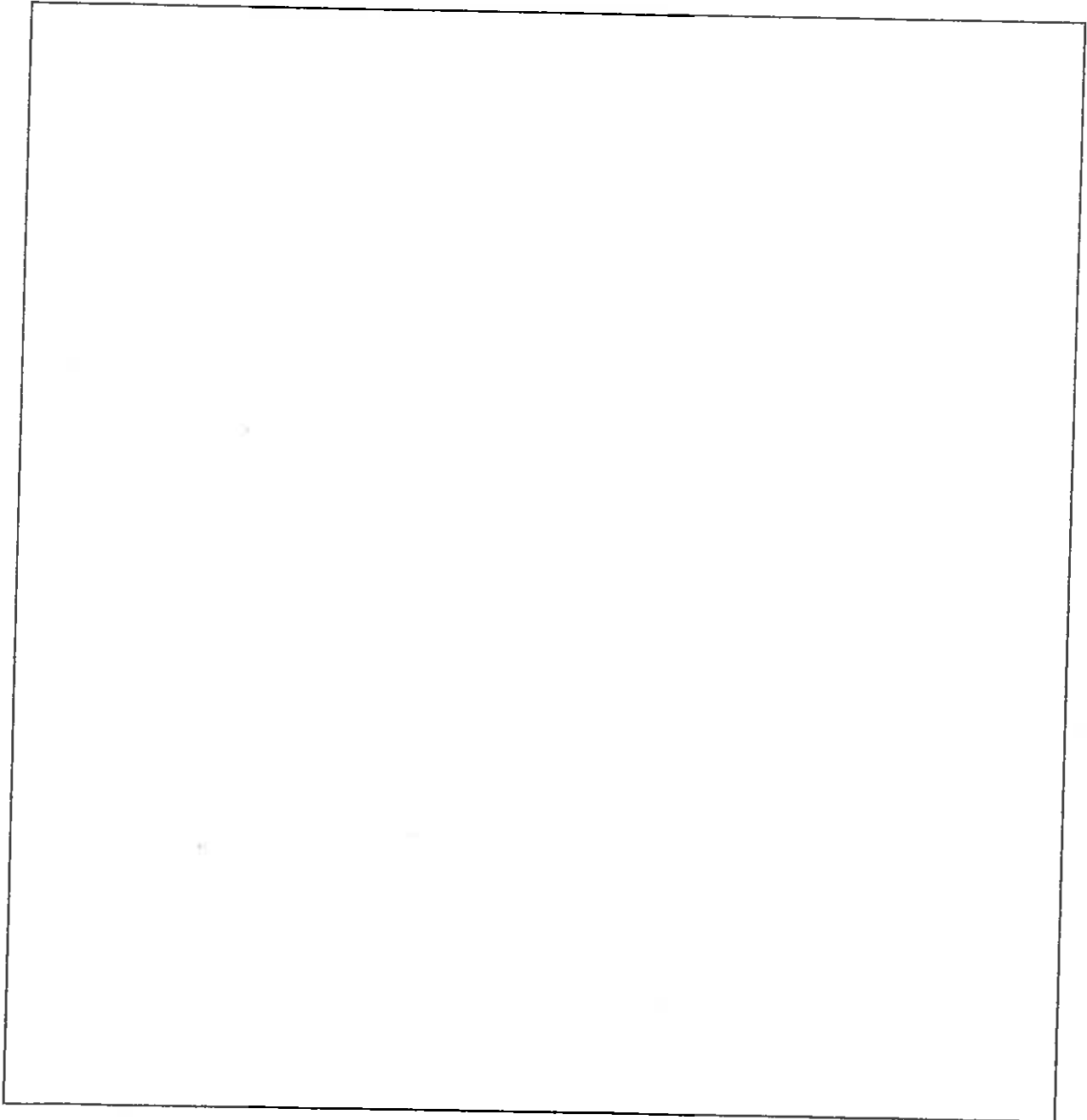
Total Floor Area _____	Total Fixture Units _____
Total # of Bedrooms _____	Size of Building _____
Daily Flow rate Litres/Day _____	Holding Tank _____ Concrete _____ Polyethylene
Pick a class _____ Class 2 Grey - Water Pit _____ Class 4 Filter Bed _____ Class 4 Trench Bed _____ Class 5 (Holding Tank)	Normal Tank _____ Concrete _____ Polyethylene
Size (L) _____	Total Length of tile (M) _____
# Of Runs of tile _____	Depth To Bedrock _____
Depth to Zones of soil Saturation _____	On Site Installer's BCIN _____
Septic Contractors BCIN _____	

**This Application Must Be Accompanied by the Required Fee**

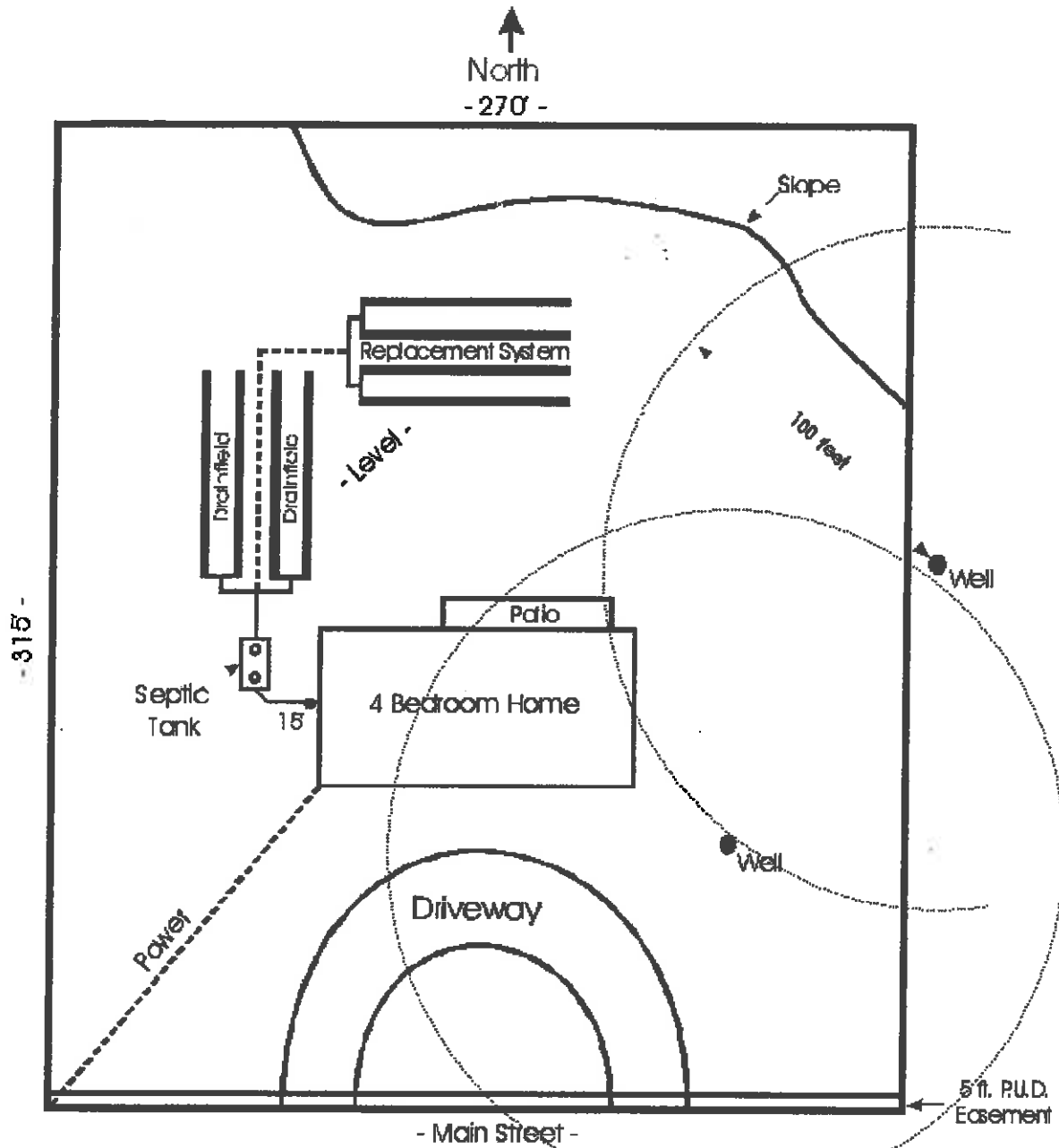
**Lot Diagram:**

**A Diagram of a proposed plan of development is to be completed below, showing the following information:**

- 1) North Arrow**
- 2) Outline and Dimensions of lot;**
- 3) Location of proposed and/or existing building;**
- 4) Type and Location of your proposed or existing well and neighbouring well;**
- 5) Location of your septic tank and tile bed on your lot, with distances from building, wells;**
- 6) Location of any lake, river or stream.**



# SAMPLE SITE PLAN



Directions to site: Go North on Highway 83, 3.5 miles to Apple Lane, then East  $\frac{1}{4}$  mile to Main Street. Turn South and go 1.2 miles. Site is on North side of the street.

Scale 50 feet

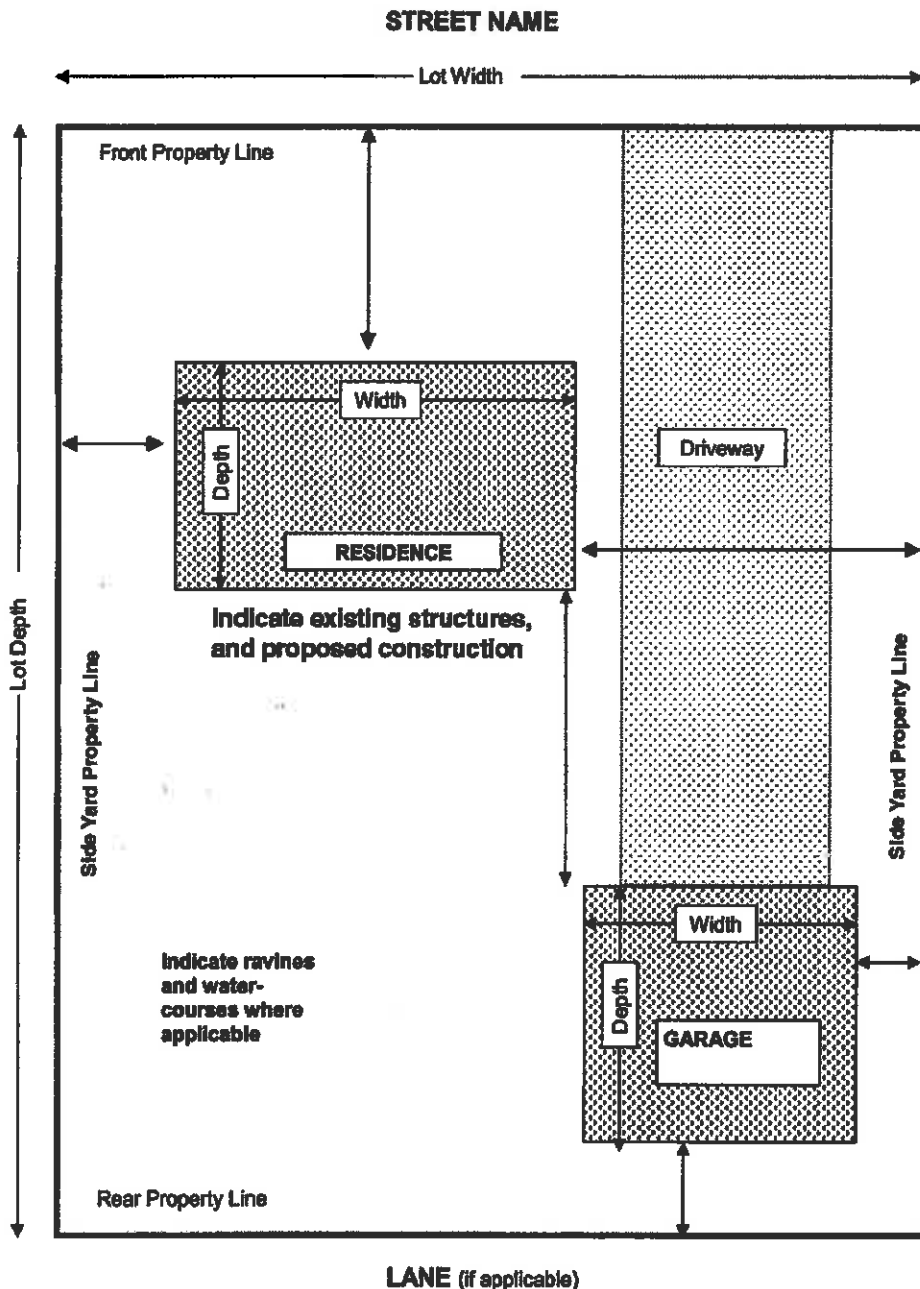
# Sample Site Plan

The following sample plan is for information and guidance only and will not be accepted as a plan for a Building Permit Application.

**Confirm setbacks for your property at [www.whitewaterregion.ca](http://www.whitewaterregion.ca) or by contacting the Township at (613)646-2282.**

**Indicate:**

- |   |  |
|---|--|
| 1. Property dimensions  | 6. Location of steep banks & setbacks to natural boundary of any lake, pond, swamp or water-course |
| 2. Dimensions of all buildings  | 7. Dimensions of proposed additions  |
| 3. Setbacks from all buildings to all property lines and from other buildings | 8. Septic tank & field locations, where applicable   |
| 4. Legal description and civic address  | 9. Easements, Right of Ways  |
| 5. Driveway width and location  |  |



**Plans must be drawn to scale**

Indicate distances from proposed structure to property lines and distances between all structures (existing & proposed). A survey may be necessary for verification.

Township of Whitewater  
 44 Main Street, Cobden, Ontario, K0J 1K0  
 Phone: (613) 646-2282 Fax: (613) 646-2283  
 Website: [www.whitewaterregion.ca](http://www.whitewaterregion.ca)