

# Application for a Permit to Construct or Demolish

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 <sup>2</sup> )	

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 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

Permit Number									
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# FOR OFFICE USE ONLY

## 1. General Information

Nature of work				Previously approved plan?	Plan examiner	
<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	
Permit via				Send to		
<input type="checkbox"/> Mail	<input type="checkbox"/> Pickup			<input type="checkbox"/> Applicant	<input type="checkbox"/> Owner	<input type="checkbox"/> Authorized agent

## 2. Zoning

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

## 3. Site Plan

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

## 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

Verified construction value:		Verified G.F.A.			
Fee Description	Amount	Year	Month	Day	Receipt Number
Permit					
Additional permit					
Deposit					
Park dedication					
Other					

## 6. Securities

Required	Yes	No	Received	Yes	No
Conditional permit					
Demo					
Other					

Received but not complied with  Complies

Examined by \_\_\_\_\_ Year Month Day

## Development Charges

Amount applicable	Secondary School Board
Exempt amount	
Amount paid	
Balance owing	

## 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	