

# 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
<b>Project value est.</b> , \$	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"/> Yes	<input type="checkbox"/> No		
<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			Year Month Day	
<input type="checkbox"/> Not required	<input type="checkbox"/> Not in compliance	<input type="checkbox"/> C of A number: _____					
<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"/> Complies	<input type="checkbox"/> Not required					
<input type="checkbox"/> Required	<input type="checkbox"/> Required						

**4. Plan Examiners**

Type	Not Required	Required	Foundation	Date Released			Shell/No Connect	Date Released			Full	Date Released		
				Year	Mon.	Day		Year	Mon.	Day		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	Receipt Number	Date Paid			
			Year	Month	Day	
Permit						
Additional permit						
Deposit						
Park dedication						
Other						

**6. Securities**

Required	Yes	No	Received		
			Yes	No	
Conditional permit					
Demo					
Other					
<input type="checkbox"/> Received but not complied with			<input type="checkbox"/> 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	