

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	
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 ²)	
B. 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 ()	
C. 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 ()	
D. 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 ()	
E. 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			
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 documents establishing compliance with applicable law as set out in Article 1.1.3.3.			
ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.			
iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.			
iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.			
H. Declaration of applicant			
I _____ certify 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. I have authority to bind the corporation or partnership (if applicable).			
_____		_____	
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 A: Project Information

A. Lot Information						
Lot Area: _____		Frontage: _____		Depth: _____		
				Corner Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No		
How would you like to receive your permit?		<input type="checkbox"/> Mail <input type="checkbox"/> Pick-up		<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Other		
Have you notified the Ministry of Labour of the starting date of construction? (Only necessary if the construction cost is over \$50,000.00)		<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> N/A		
B. Permission to Access City of Waterloo Property						
Will you be crossing City of Waterloo property, Right-of-Way and/or Public roads with construction vehicles in order to access your property? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Date _____		Signature _____				
*** Indicate on the Site Plan how / where the construction vehicles will be accessing your property.						
C. Purpose of application						
<input type="checkbox"/> New construction		<input type="checkbox"/> Addition to an existing building		<input type="checkbox"/> Alteration <input type="checkbox"/> Change of Use <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit		
D. New Residential & Additions (Singles, Semi's & Townhouses)						
New Construction/Renovations				Additions		
Above Ground Storeys		New Res. Units		Existing 1 st Floor	ft ²	
1 st Floor Living Area (ex. porch & garage)	ft ²	Area of Garage	ft ²	Existing 2 nd Floor	ft ²	
2 nd Floor Living Area	ft ²	Area of Porch	ft ²	1 st Floor Addition	ft ²	
Finished Basement	ft ²	Gross Floor Area (incl. porch & garage)		2 nd Floor Addition	ft ²	
Total Ground Floor Area (from Lot. Dev. Plan)	m ²			Finished Basement	ft ²	
E. Non-Residential and Multi Unit Residential						
Residential	<input type="checkbox"/> Triplex <input type="checkbox"/> Row/Town House <input type="checkbox"/> Apartment <input type="checkbox"/> Boarding House <input type="checkbox"/> Townhouse – Access. Apt.	# of Units	New		Above Ground Storeys	
			Existing			
		1 st Floor Area (ex. porch & garage)		m ² /ft ²	Total Ground Floor Area	m ² /ft ²
Commercial	<input type="checkbox"/> Office <input type="checkbox"/> Retail	Additional Floor Area		m ² /ft ²	Total Gross Floor Area (incl. porch & garage)	m ² /ft ²
Industrial	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Office <input type="checkbox"/> Industrial Mall	Basement Area		m ² /ft ²	Garage Area	m ² /ft ²
Institutional	<input type="checkbox"/> Government <input type="checkbox"/> University/College <input type="checkbox"/> Institutional	Mezzanine Area		m ² /ft ²	Existing Floor Area	m ² /ft ²
F. Swimming Pools / Hot Tubs / Decks (circle all that apply)						
Size of pool/hot tub/deck: _____ x _____ Type of Pool (i.e. inground,etc): _____						
Is deck roofed? <input type="checkbox"/> Yes <input type="checkbox"/> No What type of temporary construction fencing will be used? _____						
***Indicate on the Site plan the location of new and/or existing fences with proposed/existing heights.						
NOTE: If there is an existing fence, how long has it been in existence? _____						
G. Demolitions						
# of Units lost: _____ of storeys: _____ Age of Building: _____ Demolition Control Area? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Ground Floor Area: _____ m ² / ft ² Gross Floor Area: _____ m ² / ft ²						
Reason for demolition: _____						
***A completed Demolition Tracking Sheet must be completed prior to the issuance of a Demolition Permit.						
Provide details of other demolitions on this property in the last 5 years _____						
H. Lodging Houses						
House Type		Bedrooms/Units		Work Proposed	# of Lodgers	
<input type="checkbox"/> Single Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex	<input type="checkbox"/> Townhouses	Proposed	Existing	<input type="checkbox"/> None <input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Adding Bedrooms <input type="checkbox"/> Building Addition	<input type="checkbox"/> 4 or 5 Lodgers (Class II) <input type="checkbox"/> 6 or more Lodgers (Class I)	
	<input type="checkbox"/> Single Detached – Accessory. Apt.	_____ Unit 1	_____			
	<input type="checkbox"/> Semi-Detached – Accessory Apt.	_____ Unit 2	_____			
		_____ Unit 3	_____			
Office Use ONLY - Fees						

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

I. Project Information			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
J. 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 ()
K. 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			
L. 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 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 work and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the 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 Building Code.			
Basis for exemption from registration and qualification: _____			
I certify that:			
1. The information contained in this schedule is true to the best of my knowledge.			
2. I have authority to bind the corporation or partnership (if applicable).			
_____		_____	
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 2: Sewage System Installer Information

A. Project Information			
Building number, street name		Unit number	Lot/con.
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	Lot/con.
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="text-align: center;">(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> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. I have authority to bind the corporation or partnership (if applicable).</p>			
_____		_____	
Date		Signature of applicant	