

# 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 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				
New construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building		Current use of building		
Description of proposed work				
C. Applicant				
		Applicant is:    Owner or    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	

<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.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes	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.			Yes	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> .			Yes	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.			Yes	No
iv) The proposed building, construction or demolition will not contravene any applicable law.			Yes	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 D: Demolitions, Tents, Demountable Stages & Structures, Solar Panels & Signs

Permit Information			
How would you like to receive your permit?	Pick-up: <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Other _____	Mail to: <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Other _____	
B. Ministry of Labor			
Have you notified the Ministry of Labor of the starting date of construction? (Only necessary if the construction cost is over \$50,000.00) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>			
C. Permission to Access City of Waterloo Property			
<b>Will you be crossing City of Waterloo property, Right-of-Way and/or Public roads with construction vehicles in order to access your property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date _____ Signature _____ (Mandatory)			
*** Indicate on the Site Plan how / where the construction vehicles will be accessing your property. (with an arrow)			
D. Lot Information			
Lot Area: _____	Frontage: _____	Depth: _____	Corner Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No

E. Demolitions	
Reason for demolition:	
Is the building in a Demolition Control Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ground Floor Area: _____ m <sup>2</sup> / ft <sup>2</sup>	# of Units with 1 Bedroom or less:
Gross Floor Area: _____ m <sup>2</sup> / ft <sup>2</sup>	# of Units with 2-3 Bedrooms:
# of storeys:	# of Units with 4-5 Bedrooms:
Age of Building:	Total # of Bedrooms lost:
	Total # of Units lost:
Provide details of other demolitions on this property in the last 5 years: _____	
*** A completed Demolition Tracking Sheet must be completed prior to the issuance of a Demolition Permit ***	

F. Tents	
Use of Tent:	
Is the tent enclosed with walls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date:	End Date:
Tent Dimensions:	Area of Tent:
Is the tent attached to or within 3 meters of another building/structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	

G. Demountable Stages & Demountable Support Structures	
Use of Stage or Support Structure :	
Proposed Demountable Stage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposed Demountable Support Structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Public Permitted Access? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date:	End Date:
Stage Dimensions:	
Height of Demountable Stage:	Height of Demountable Support Structure:
Is the demountable stage or support structure attached to or within 3 meters of another building/structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	

H. Solar Panels	
Total aggregate area of solar panels:	
Use of building:	
Will the solar panels be used to provide hot water? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the solar panels be designed to provide primary or supplementary heating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Roof System: <input type="checkbox"/> Truss	<input type="checkbox"/> Conventional (stick frame) <input type="checkbox"/> Other
Will the structural capacity of building roof/wall be exceeded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Schedule 1: Designer Information

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

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name	Firm		
Street address	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number	Fax number		Cell number
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
House	HVAC – House	Building Structural	
Small Buildings	Building Services	Plumbing – House	
Large Buildings	Detection, Lighting and Power	Plumbing – All Buildings	
Complex Buildings	Fire Protection	On-site Sewage Systems	
Description of designer's work			
<b>D. Declaration of Designer</b>			
<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 style="text-align: center;">_____</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.

# COMMITMENT TO GENERAL REVIEWS BY ARCHITECTS AND ENGINEERS

THIS FORM TO BE COMPLETED BY THE OWNER'S AUTHORIZED AGENT, AND SIGNED BY ALL CONSULTANTS RETAINED FOR GENERAL REVIEWS

## Part A - Owner's Undertaking

Project Description:

Permit Application No.

Address of Project:

Municipality:

**WHEREAS** THE Ontario Building Code requires that the project described above be designed and reviewed during construction by an architect, professional engineer or both that are licensed in Ontario;

**NOW THEREFORE** THE Owner, being the person who intends to construct or have the building constructed hereby warrants that:

1. The undersigned architect and/or professional engineer(s) have been retained to provide general reviews of the construction of the building to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the Ontario Association of Architects (OAA) and/or Professional Engineers of Ontario (PEO);
2. All general review reports by the architect and/or professional engineers will be forwarded promptly to the Chief Building Official, and
3. Should any retained architect or professional engineer cease to provide general reviews for any reason during construction, the Chief Building Official will be notified in writing immediately, and another architect or engineer will be appointed so that general review continues without interruption during construction.

### The undersigned hereby certifies that he/she has read and agrees to the above

Name of Owner:

Date:

Address of Owner:

Telephone:

Signature of Owner:

Print Name:

Fax:

(or officer of corporation)

Coordinator of the work of all consultants:

Telephone:

Address:

Fax:

## Part B - Consultants

The undersigned architect and/or professional engineer(s) hereby certify that they have been retained to provide general reviews of the parts of construction of the building indicated, to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the OAA and/or PEO.

SHADED PORTION TO BE COMPLETED BY CONSULTANTS

ARCHITECT  STRUCTURAL  MECHANICAL  ELECTRICAL  SITE SERVICES  OTHER (SPECIFY):

Consultant Name:

Signature:

Print Name:

Date:

Telephone:

Fax:

Address:

ARCHITECT  STRUCTURAL  MECHANICAL  ELECTRICAL  SITE SERVICES  OTHER (SPECIFY):

Consultant Name:

Signature:

Print Name:

Date:

Telephone:

Fax:

Address:

ARCHITECT  STRUCTURAL  MECHANICAL  ELECTRICAL  SITE SERVICES  OTHER (SPECIFY):

Consultant Name:

Signature:

Print Name:

Date:

Telephone:

Fax:

Address:

ARCHITECT  STRUCTURAL  MECHANICAL  ELECTRICAL  SITE SERVICES  OTHER (SPECIFY):

Consultant Name:

Signature:

Print Name:

Date:

Telephone:

Fax:

Address: