

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. 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 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 Building Code Act, 1992 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 _____ 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: Non-Residential or Multi Unit Residential

A. 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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
C. 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 _____ (Mandatory)
*** Indicate on the Site Plan how / where the construction vehicles will be accessing your property. (with an arrow)		

D. Non-Residential or Multi Unit Residential			
Occupancy:			
Multi-Unit Residential:	<input type="checkbox"/> Apartment	<input type="checkbox"/> Boarding House	
Commercial:	<input type="checkbox"/> Office	<input type="checkbox"/> Retail	
Industrial:	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Office	<input type="checkbox"/> Industrial Mall
Institutional:	<input type="checkbox"/> Government	<input type="checkbox"/> University	<input type="checkbox"/> Institutional
<input type="checkbox"/> Other: _____			
Project Information:			
# of Units	New:	Existing:	Total:
# of Storeys	New:	Existing:	Total:
Ground Floor Area (m ²)	New:	Existing:	Total:
Building Area (m ²)	New:	Existing:	Total:
Gross Floor Area (m ²) (excluding basement)	New:	Existing:	Total:
Mezzanine Area (m ²)	New:	Existing:	Total:
Basement Area (m ²)	New:	Existing:	Total:
Ground Floor Area of Interior Alterations (m ²) :		Gross Floor Area of Interior Alterations (m ²) :	
Basement Area of Interior Alterations (m ²) :		Parking Garage Area (m ²) :	
Multiple Occupancy Buildings:		Residential Units/Bedrooms:	
Occupancy (Use)	Area of Occupancy (m ²)	# of Residential Units/Bedrooms:	
		0-1 Bedroom Units:	
		2-3 Bedroom Units:	
		4-5 Bedroom Units:	
		Total # of Units:	
		Total # of Bedrooms:	

Office Use ONLY - Fees