

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 <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 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		

Schedule B: 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 Labour		
The Ministry of Labour must be notified for all projects where the construction cost exceeds \$50,000.00		
C. Permission to work in The City of Waterloo Right-of-Way		
A separate work permit is required through the City of Waterloo Service Centre, where you require access across City owned parks or trails, or if you need to occupy or close a road, sidewalk, or boulevard to conduct work or other activities. Further information is available on the City of Waterloo website or by contacting the Service Centre at 519-886-2310		

D. New Residential	
<input type="checkbox"/> Single Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____	
# of bedrooms:	# of New Residential Units:
Above Ground Storeys:	Area of Porch (ft²):
1 <sup>st</sup> Floor Living Area (ft²):	Area of Garage (ft²):
2 <sup>nd</sup> Floor Living Area (ft²):	Total Ground Floor Area (ft²):
3 <sup>rd</sup> Floor Living Area (ft²):	Total Gross Floor Area (ft²):
Finished Basement Area (ft²):	(Total Ground Floor Area + Additional Storeys)

E. Interior Renovations	
<input type="checkbox"/> Single Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____	
Basement area of alteration (ft²):	Above Ground Storeys:
1 <sup>st</sup> Floor area of alteration (ft²):	# of bedrooms: Ex: _____ New: _____ Total: _____
2 <sup>nd</sup> Floor area of alteration (ft²):	Gross floor area of alterations (ft²):
3 <sup>rd</sup> Floor area of alteration (ft²):	(Total Ground Floor Area + Additional Storeys)

F. Secondary Units	
<input type="checkbox"/> Single Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Other _____	
Existing # of bedrooms:	New # of bedrooms:
Existing # of units:	New # of units:
Existing 1 <sup>st</sup> Floor Area (ft²):	Basement area of alteration (ft²):
Existing 2 <sup>nd</sup> Floor Area (ft²):	1 <sup>st</sup> Floor area of alteration (ft²):
Existing 3 <sup>rd</sup> Floor Area (ft²):	2 <sup>nd</sup> Floor area of alteration (ft²):
Existing Finished Basement Area (ft²):	Gross floor area of alterations (ft²):

G. Additions	
<input type="checkbox"/> Single Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____	
Existing # of bedrooms:	New # of bedrooms:
Existing # of units:	New # of units:
Existing 1 <sup>st</sup> Floor Area (ft²):	1 <sup>st</sup> Floor Addition (ft²):
Existing 2 <sup>nd</sup> Floor Area (ft²):	2 <sup>nd</sup> Floor Addition (ft²):
Existing 3 <sup>rd</sup> Floor Area (ft²):	3 <sup>rd</sup> Floor Addition (ft²):
Existing Finished Basement Area (ft²):	Finished Basement Addition (ft²):
Gross Area of Addition (ft²):	

H. Additional Information and Contacts
Residential Rental Licenses Low-rise residential rental units require an annual license to ensure safe accommodations. More information is available in the rental License bylaw or by contacting the bylaw department at 519-747-8785.
Business Licenses Businesses operating in Waterloo may require a license. For additional information contact 519-747-8785 or bl@waterloo.ca

Office Use ONLY - Fees

## Schedule 2: Sewage System Installer Information

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
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?			
Yes (Continue to Section C)		No (Continue to Section E)	
		Installer unknown at time of application (Continue to Section E)	
<b>C. Registered installer information (where answer to B is “Yes”)</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	
<b>D. Qualified supervisor information (where answer to section B is “Yes”)</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
I _____ declare that: (print name)			
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;			
<u>OR</u>			
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.			
I certify that:			
1. The information contained in this schedule 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	