

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

CORPORATION OF THE TOWN OF HAWKESBURY

A. Project information

Building number, street name		Unit #	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value \$:		Area of work (m ²) / Aire des travaux (m ²)	

B. Purpose of application

<input type="checkbox"/> New construction	<input type="checkbox"/> Addition to an existing building	<input type="checkbox"/> Alteration/repair Modification	<input type="checkbox"/> Demolition	<input type="checkbox"/> Conditional Permit
Proposed use of building		Current use of building		

Description of proposed work:

C. Applicant is

		<input type="checkbox"/> Owner or	<input type="checkbox"/> Authorized agent of owner	
Last name	First name	Corporation or partnership		
Building number, street name			Unit #	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		
Building number, street name			Unit #	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ()	Fax ()		Cell number ()	

E. Builder (optional)

Last name	First name	Corporation or partnership		
Building number, street name			Unit #	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): <hr/>		

G. Required Schedules

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).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 <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.

Schedule 1: Designer Information

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

A. Project Information

Building number, street name		Unit no.	Lot/con.
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Municipality	Postal code	Plan number/ other description	
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B. Individual who reviews and takes responsibility for design activities.

Name	Firm		
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Building number, street name		Unit no.	Lot/con.
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Municipality	Postal code	Province	E-mail
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Telephone # ()	Fax number ()	Cell number ()
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C. Design activities undertaken by individuals 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 the designer's work			
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D. Declaration of Designer

I _____ declare that (choose one as appropriate):
(print name)

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: _____

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: _____

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 submitted this application with the knowledge and consent of the firm.

Date _____

Signature of Designer _____

NOTE / REMARQUE :

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. of Division C.
2. Schedule 1 is not required to be completed by a holder of a licence, temporary licence, 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 licence to practice, a limited licence to practice, 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			
<p>-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 2.18.1.1?</p> <p><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)</p>			
C. Registered installer information (if the answer to B is "Yes")			
Name		BCIN	
Building number, street name		Unit #	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone # ()	Fax ()	Cell number ()	
D. Qualified supervisor information (if the answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
<p>I _____ declare that: (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 the time of application, I shall submit a new Schedule 2 prior to construction when the installer is known; /</p> <p>OR</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> <ol style="list-style-type: none"> 1. The information contained in this schedule is true to the best of my knowledge. / Les renseignements contenus dans cette annexe sont exacts, au mieux de ma connaissance. 2. I have authority to bind the corporation or partnership (if applicable). / 			
_____ Date		_____ Signature of applicant	