

## Application for a Permit to Construct

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: <b>SEVERN TOWNSHIP</b> (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 checked="" type="checkbox"/> Demolition
			<input type="checkbox"/> Conditional Permit
Proposed use of building		Current use of building	
Description of proposed work If you are not the legal owner of the property please submit a letter of owner's permission or copy of contract. <b>SUBMIT 2 sets of paper plans only &amp; forward plans by PDF to jkilby@townshipofsevern.com (obtain from rental company)</b>			
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. 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). 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

**The Applicant & Builder are Authorized Agents unless otherwise indicated.**

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.

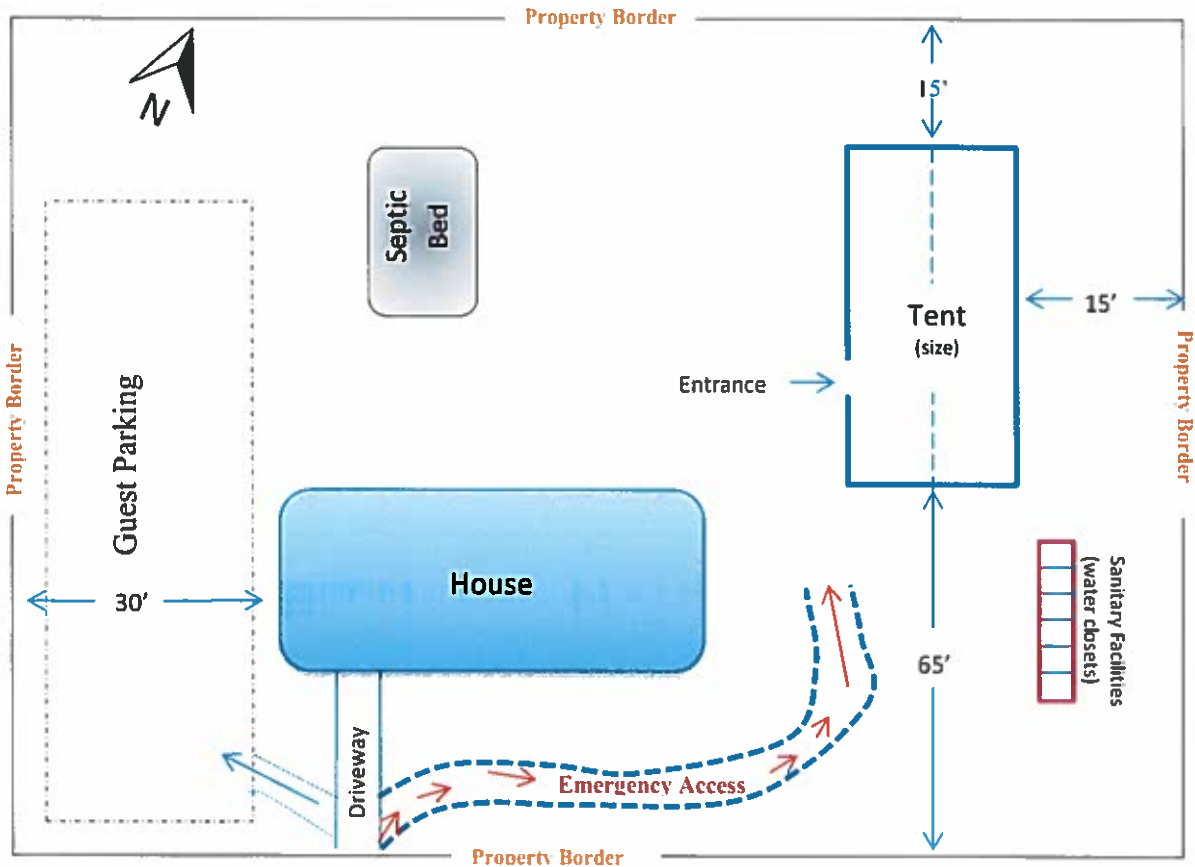
A. Project Information			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax number	Cell number	
C. 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			
D. Declaration of Designer			
<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;">             _____              Date <span style="margin-left: 200px;">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.

# EVENT TENT - SITE PLAN

## SAMPLE



CIVIC ADDRESS: \_\_\_\_\_

### On your site plan please DRAW:

- North symbol
- Tent location, entrance & distance to any other out building on the property
- Distance from outside edge of tent to all property borders (min. 3 metres from border)
- Location of Portable Fire Extinguishers (should be two within tent)
- Location of portable toilets
- Propane or other fuel tanks on property (420 lb. or higher)
- Location of septic bed
- Location of driveway & guest parking
- Emergency Access/Route (route must be clear of lawn furniture or other obstacles)
- Location of any fuel fired equipment used for the event.



# TENT- Inspection

**LOCATION AND/OR ADDRESS  
WHERE TENT IS SET-UP**  
(Please Print)

**Number of expected attendees:** \_\_\_\_\_

**Location of nearest telephone to call 911:** \_\_\_\_\_

**Number, type and location of portable fire extinguishers provided:**

Number \_\_\_\_\_ Type: \_\_\_\_\_

Locations \_\_\_\_\_

**Provide the name, address and telephone number of person(s) or company providing the tent rental:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

	YES	NO
<p><b>Person designated employed for fire watch duty:</b></p> <p><i>Such duties to include: keeping the means of egress clear, enforcement of no smoking policy, proper use and storage of combustible materials and general enforcement of regulations as determined by lessee.</i></p>		
<p><b>Are open flame devices such as gas heaters, barbeques and fuel-fired appliance intended for use?</b></p> <p><i>Relative to tent, where would these devices be located? Must not be located adjacent to an exit or access to an exit.</i></p>		
<p><b>Has a building permit for the assembly of this tent been obtained?</b></p>		
<p><b>Tent meets ULC-S109 &amp; NFPA – 701 Flame retardant standards.</b></p> <p><i>(Stamped label usually found inside flap of tent)</i></p>		
<p><b>Is tent located at least 3m from property line?</b></p>		
<p><b>Is tent located at least 3m of other tents?</b></p>		
<p><b>Are bleachers being used?</b></p>		
<p><b>Extension Cords used safely?</b></p>		
<p><b>Fire Department Access <i>(ensure parking is arranged to allow for emergency vehicles to safely proceed to tent location)</i></b></p>		
<p><b>Sanitary Facilities (water closets) sufficient?</b></p> <p><i>Persons = number of water closets/portable toilets each - (male and female)</i></p> <p><b>1-50 = 2 (4) 51-70 = 3 (6) 71-90 = 4 (8) 91-110 = 5 (10) 111-140 = 6 (12) 141-180 = 7 (14) 181-260 = 8 (16)</b></p>		