

TEMPORARY TENT STRUCTURES

for events such as
weddings, family reunions, BBQ's, etc.



PLEASE PROVIDE

1.	Completed application including date of event.
2.	Signed Authorization Letter from current owner if the property is owned by <u>someone other than yourself</u> .
3.	Site Plan (see sample with application)
4.	2 Sets of Construction Plans – can be obtained from rental company
5.	Completed form for Fire Department (included with application)

**PLEASE SUBMIT THE APPLICATION
2-3 WEEKS PRIOR TO THE EVENT**

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: SEVERN TOWNSHIP (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 checked="" type="checkbox"/> Demolition
			<input type="checkbox"/> Conditional Permit
Proposed use of building		Current use of building	
Description of proposed work		<p>If you are not the legal owner of the property please submit a letter of owner's permission or copy of contract.</p> <p>SUBMIT 2 sets of paper plans only & forward plans by PDF to jkilby@townshipofsevern.com (obtain from rental company)</p>	
C. Applicant			
Applicant is:		<input type="checkbox"/> Owner or	<input checked="" 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 <u>X</u> _____ declare that: (print name)			
<ol style="list-style-type: none"> The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. 			
<u>X</u> _____ Date	<u>X</u> _____ Signature of applicant	The Applicant & Builder are Appointed Authorized Agents unless otherwise indicated. (OWNER TO SIGN APPLICATION)	

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.

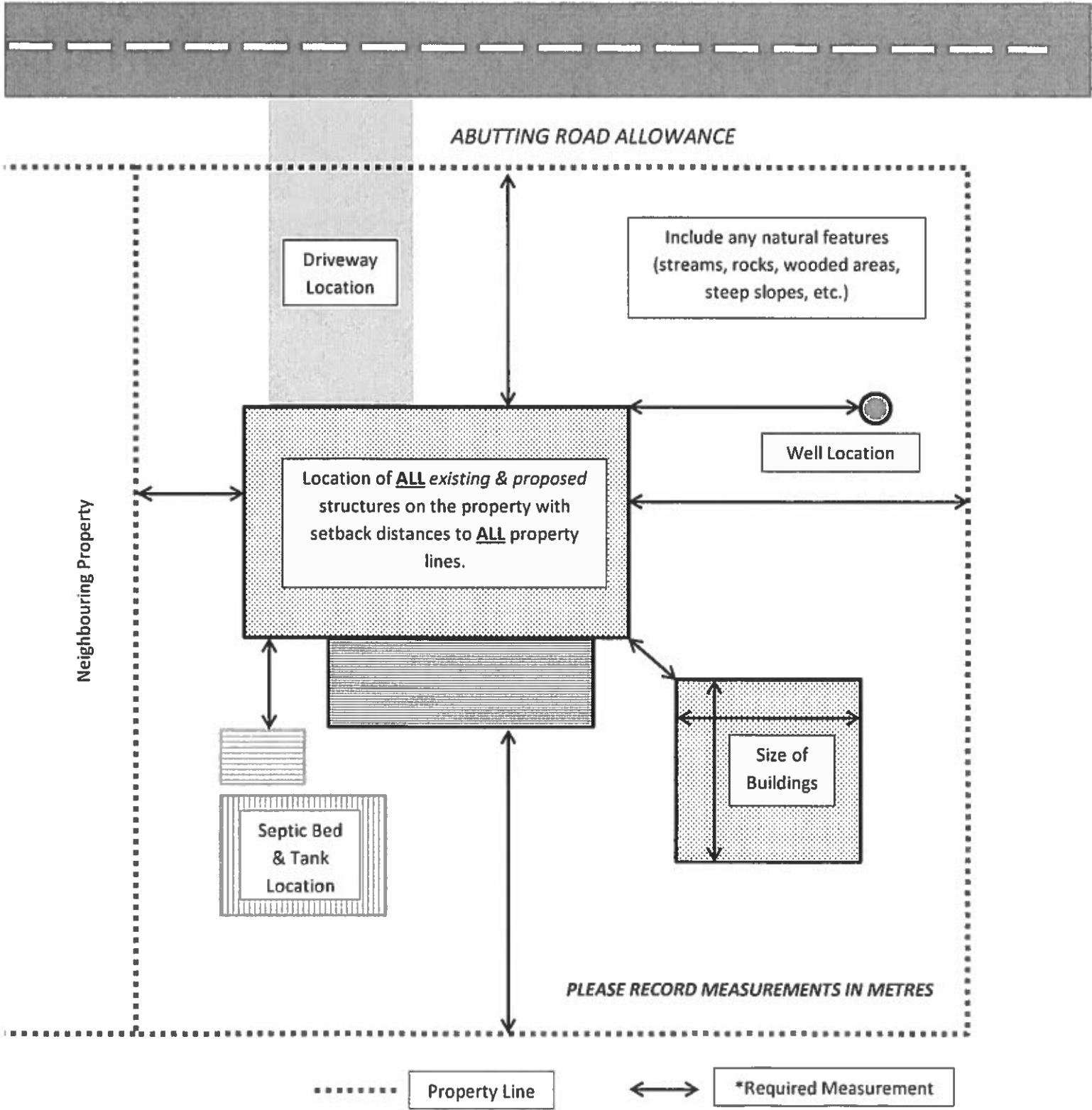


Township of Severn

Site Plan Guide & Example

It is important that an accurate and complete site plan be submitted with your application, failure to do so can result it being returned as incomplete.

Include an address block
1234 Example Street
Severn, ON





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

	YES	NO
Person designated employed for fire watch duty: <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>		
Are open flame devices such as gas heaters, barbeques and fuel-fired appliance intended for use? <i>Relative to tent, where would these devices be located? Must not be located adjacent to an exit or access to an exit.</i>		
Has a building permit for the assembly of this tent been obtained?		
Tent meets ULC-S109 & NFPA – 701 Flame retardant standards. <i>(Stamped label usually found inside flap of tent)</i>		
Is tent located at least 3m from property line?		
Is tent located at least 3m of other tents?		
Are bleachers being used?		
Extension Cords used safely?		
Fire Department Access <i>(ensure parking is arranged to allow for emergency vehicles to safely proceed to tent location)</i>		
Sanitary Facilities (water closets) sufficient? <i>Persons = number of water closets/portable toilets each - (male and female)</i> 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)		