

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: _____ (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				
New construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building		Current use of building	Construction drawings and/or Lot Grading Plans to be submitted by paper and an Electronic PDF to: jkilby@townshipofsevern.com PROVIDE 2 SETS OF CONSTRUCTION DRAWINGS	
Description of proposed work				
C. Applicant				
Applicant is:		Owner or	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 ()	

Application for a Permit to Construct or Demolish – Effective January 1, 2014

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.			Yes No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes 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.			Yes No Yes 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> .			Yes 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.			Yes No
iv) The proposed building, construction or demolition will not contravene any applicable law.			Yes 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]			
House	HVAC – House	Building Structural	
Small Buildings	Building Services	Plumbing – House	
Large Buildings	Detection, Lighting and Power	Plumbing – All Buildings	
Complex Buildings	Fire Protection	On-site Sewage Systems	
Description of designer's work			
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 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:

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.

Township of Severn
PO BOX 159, ORILLIA, ONTARIO L3V 6J3

TYPE OF HEATING

- 1. OIL HEATING _____
- 2. GAS HEATING _____
- 3. PROPANE HEATING _____
- 4. ELECTRIC HEATING _____
- 5. GROUND SOURCE HEATING _____
- 6. RADIANT HEAT _____

TYPE OF VENTILATION

- 1. EXHAUST ONLY SYSTEM FROM BATHROOMS WITH FANS, CENTRAL SWITCH.
(NO WOOD BURNING APPLIANCES) _____
- 2. HRV (HEAT RECOVERY VENTILATOR) HRV EXHAUST DUCTS INSTALLED FROM BATHROOMS, KITCHENS, CENTRAL SWITCH. _____
- 3. HRV (HEAT RECOVERY VENTILATOR) WITH FURNACE INSTALLED. (NO DUCTING) _____
- 4. PART 6 DESIGN (MECHANICAL CONTRACTOR DESIGNS)
-WHEN ELECTRIC HEATING INSTALLED
-MORE THAN 4 BEDROOMS _____

SIGNATURE

DATE

RESIDENTIAL MECHANICAL VENTILATION RECORD

for certification of design and performance of residential ventilation systems

W-2

A HEATING SYSTEM COMBUSTION APPLIANCES	<input type="checkbox"/> Forced air <input type="checkbox"/> Non forced air	Roll #:	Permit #:
	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other	Lot & Plan #:	Township:
	<input type="checkbox"/> No combustion appliances no depressurization limit	Civic address:	
	<input type="checkbox"/> Solid fuel (including fireplaces) 5 pa depress limit	Name:	R2000 ID #
	<input type="checkbox"/> Direct vent (sealed combustion) only no depress limit	Address:	
	<input type="checkbox"/> Induced draft _____ pa depress limit	City:	Postal code:
	<input type="checkbox"/> Natural draft or B-vent 5 pa depressurization limit	Phone:	Fax:
B EXHAUST EQUIPMENT	<input type="checkbox"/> Clothes dryer 150 cfm (default)	Name:	HRAI #
	<input type="checkbox"/> Down draft cook top 220 cfm (default)	Address:	
	<input type="checkbox"/> Other: (over 150 cfm)	City:	Postal code:
	Depressurization test / calculation required? <input type="checkbox"/> yes <input type="checkbox"/> no	Phone:	Fax:
C TOTAL VENTILATION CAPACITY (TVC)	Basmt & Master bdrm _____ @ 20 cfm _____ cfm	I certify this ventilation system design to be in accordance with: <input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000 <input type="checkbox"/> NBC '05 (9.32) <input type="checkbox"/> OBC '06(9.32) <input type="checkbox"/> BCBC '98 (9.32)	
	Other bedrooms _____ @ 10 cfm _____ cfm		
	Bathrooms & Kitchen _____ @ 10 cfm _____ cfm	Signature:	Date:
	Other habitable rooms _____ @ 10 cfm _____ cfm	<input type="checkbox"/> Controls functioning <input type="checkbox"/> Fans operating and clean	K INSTALLATION CHECKLIST
	TOTAL VENTILATION CAPACITY (TVC) _____ cfm	<input type="checkbox"/> Filters clean <input type="checkbox"/> Flow measuring stations	
Kitchens _____ @ 60 cfm _____ cfm	<input type="checkbox"/> Dampers accessible <input type="checkbox"/> Insulated duct sealed		
Bathrooms _____ @ 20 cfm _____ cfm	<input type="checkbox"/> Drain loop & connection		
TOTAL _____ cfm	<input type="checkbox"/> Distribution to all habitable rooms		
D EXHAUST CAPACITY INTERMITTENT CONTINUOUS	Kitchens _____ @ 100 cfm _____ cfm	<input type="checkbox"/> Forced air system <input type="checkbox"/> continuous mode <input type="checkbox"/> interlocked	L MEASURED TVC SYSTEM
	Bathrooms _____ @ 50 cfm _____ cfm	<input type="checkbox"/> Kitchen intake grease filter <input type="checkbox"/> Kitchen exhaust 40" to range	
	TOTAL _____ cfm	<input type="checkbox"/> Exhaust 4" above grade <input type="checkbox"/> Supply 18" above grade	
E TVC SYSTEM	Location:	<input type="checkbox"/> Supply intake 6' from exhaust (recommended)	M INSTALLER
	Manufacturer / Model: <input type="checkbox"/> HVI	<input type="checkbox"/> Supply intake 3' from other exhaust	
	Design airflow: _____ cfm high _____ cfm low	TVC system supply airflow measured: _____ cfm high _____ cfm low (_____ % TVC)	
	_____ % sensible efficiency @ 0 °C _____ watts	TVC system exhaust airflow measured: _____ cfm high _____ cfm low (_____ % TVC)	
F ADDITIONAL EQUIPMENT	1 Location: _____ cfm _____ sones	Name:	HRAI #
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI	Address:	
	2 Location: _____ cfm _____ sones	City:	Postal Code:
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI	Phone:	Fax:
	3 Location: _____ cfm _____ sones	I certify this ventilation system design to be in accordance with: <input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000 <input type="checkbox"/> NBC '05 (9.32) <input type="checkbox"/> OBC '06(9.32) <input type="checkbox"/> BCBC '98 (9.32)	
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI		
	4 Location: _____ cfm _____ sones	Signature:	Date:
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI		



Single Family Dwelling / Cottage Checklist

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED WITH BUILDING PERMIT APPLICATION

1. **PAPERWORK:**
 - **ENGINEERED LOT GRADING & SITE PLAN (mandatory requirement)** You will have to hire a Land Surveyor or Engineer to design a lot grading plan for your property. This can take several weeks to design so please start this process as soon as possible. The Township requires 2 paper copies and a PDF copy to be submitted with the application. Council passed a motion requiring lot grading plans to avoid neighbour drainage disputes.
 - Two (2) sets of construction drawings (to scale)
 - Part 9, Energy Efficiency Design Summary
 - Designer Qualified & Registered –BCIN required, Statement & Schedule 1
 - House/Cottage Registered with **Tarion** (BCIN required),
 - Ministry of Labor - Notice of Project (any building project over \$50,000.00)
 - Owner Drawn Plans can be used – No BCIN Required
 - **Lot grading and construction drawings to be submitted electronically to:**
jkilby@townshipofsevern.com and **BY PAPER with application**

2. **ALL CONSTRUCTION DRAWINGS REQUIRE THE FOLLOWING:**
 - Wall Section
 - Foundation Plan
 - If foam block foundation used - drawn to scale with (REBAR horizontal, vertical) backfill height
 - installer Name & number, size of footings)
 - Elevations
 - Trusses or stick framing (provide drawing)
 - Fill out Heating/Ventilation Sheet
 - Wood I layout with point loads required prior to issuance of full permit
 - Building layout i.e. bathrooms, bedrooms, etc.

3. If house is **1,200 square feet or more provide:**
 - a) Heating Layout with BCIN statement, Schedule #1
 - Plumbing Layout with BCIN statement, Schedule #1

4. Septic System Application for all houses/cottages and additions required prior to issuance of permit.

5. Heat Loss Calculations with BCIN, Statement, Schedule #1
Ventilation Spec Sheet with BCIN, Statement, Schedule #1

6. Owner's signature on building permit and sewage permit application **OR** a signed letter of authorization by legal owner of property for person applying to act as Agent.

- NOTE:**
- A. **if addition to existing house** supply floor plans of existing house **and** new floor plan for plans review.
 - B. Verification of how drainage of crawl space or basement is to be completed to meet Ontario Building Code.