



TOWNSHIP OF SEVERN

THE CORPORATION OF THE TOWNSHIP OF SEVERN

P.O. Box 159, Orillia, Ontario, L3V 6J3

IMPORTANT NOTICE FROM THE BUILDING DEPARTMENT

PLEASE BE ADVISED THAT IN ORDER TO ACCOMMODATE OUR ELECTRONIC RECORDS MANAGEMENT SYSTEM, YOU MUST NOW **SUBMIT CONSTRUCTION DRAWINGS AND SITE &/or LOT GRADING PLANS ELECTRONICALLY (pdf format) AND** BY PAPER WITH ANY APPLICATION.

PLEASE FORWARD THE ELECTRONIC PDF DOCUMENTS WITH A **COVERING EMAIL IDENTIFYING THE PROPERTY ADDRESS AND PROJECT IN THE SUBJECT LINE TO:**

jkilby@townshipofsevern.com

Thank you for your anticipated co-operation.

MAY 2014

Municipal Office: 1024 Hurlwood Lane

Telephone: (705) 325-2315 Fax: (705) 327-5818

Email: info@townshipofsevern.com Web Site: www.townshipofsevern.com

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: No 5322		Permit number (if different):	
Date received:		Roll number: 4351	
Application submitted to: TOWNSHIP OF SEVERN <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>			
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 type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit			
Proposed use of building		Current use of building	
Description of proposed work		Construction Drawings and/or Lot Grading Plans to be submitted by paper and an electronic PDF PROVIDE 2 SETS OF CONSTRUCTION DRAWINGS	
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		

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.

No 3061
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			
I _____ declare that (choose one as appropriate): <div style="text-align: center;">(print name)</div>			
<input type="checkbox"/> 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: _____			
<input type="checkbox"/> 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: _____			
<input type="checkbox"/> 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:

- For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d) 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.
- Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, 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.



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P.O. Box 159, Orillia, Ontario, L3V 6J3

AUTHORIZATION TO ACT AS AGENT FOR BUILDING/SEPTIC PERMIT(S)

THIS IS REQUIRED IF THE LEGAL OWNER(S) IS NOT PRESENT WHEN THE PERMIT IS ISSUED TO THE CONTRACTOR/AGENT

I/We _____ (print name(s)), the legal owner(s) of _____ (site address) authorize _____ (name) _____ (construction company name or relationship) to act as my agent.

Signature (Legal Owner #1)

Date

Signature (Legal Owner #2)

Date

Signature (Acting Agent/Contractor)

Date

(This also applies to all registered owners named on the deed.
If you are not sure, please check your tax bill.)

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TOWNSHIP OF SEVERN

SITE PLAN GUIDE

An accurate Site Plan is an important component of most municipal applications; Building Permit, Minor Variance, Consent.

It is important that you provide an accurate and complete Site Plan with your application.

Without the necessary information your application will either be returned as incomplete or delayed.

Site Plans are required to determine compliance with Township By-law and Building Code requirements.

Most of the information required can be obtained from your tax bill, deed, survey, on inspection of your property and from the Simcoe County web page (www.county.simcoe.on.ca).

The Site Plan must be to scale, accurate, orderly and legible.

Required Information:

- Lot dimensions
 - Location of buildings (existing and proposed)
 - Size of building
 - Building setbacks (the distance a structure is from all lot lines)
 - Septic location
 - Natural features; streams, rock, wooded areas steep slopes
 - North Arrow
 - Proposed changes to the existing grade
- (see the attached sample sketch for reference)***

In some circumstances it may be necessary or required that you hire a professional to prepare the necessary Site Plan. There are many options available for you to obtain a professional site plan from Planning, Engineering or Survey firms.

Township of Severn (705) 325-2315
Building Inspector Extension #'s 228, 229, 243
Planning & Zoning Extension # 238

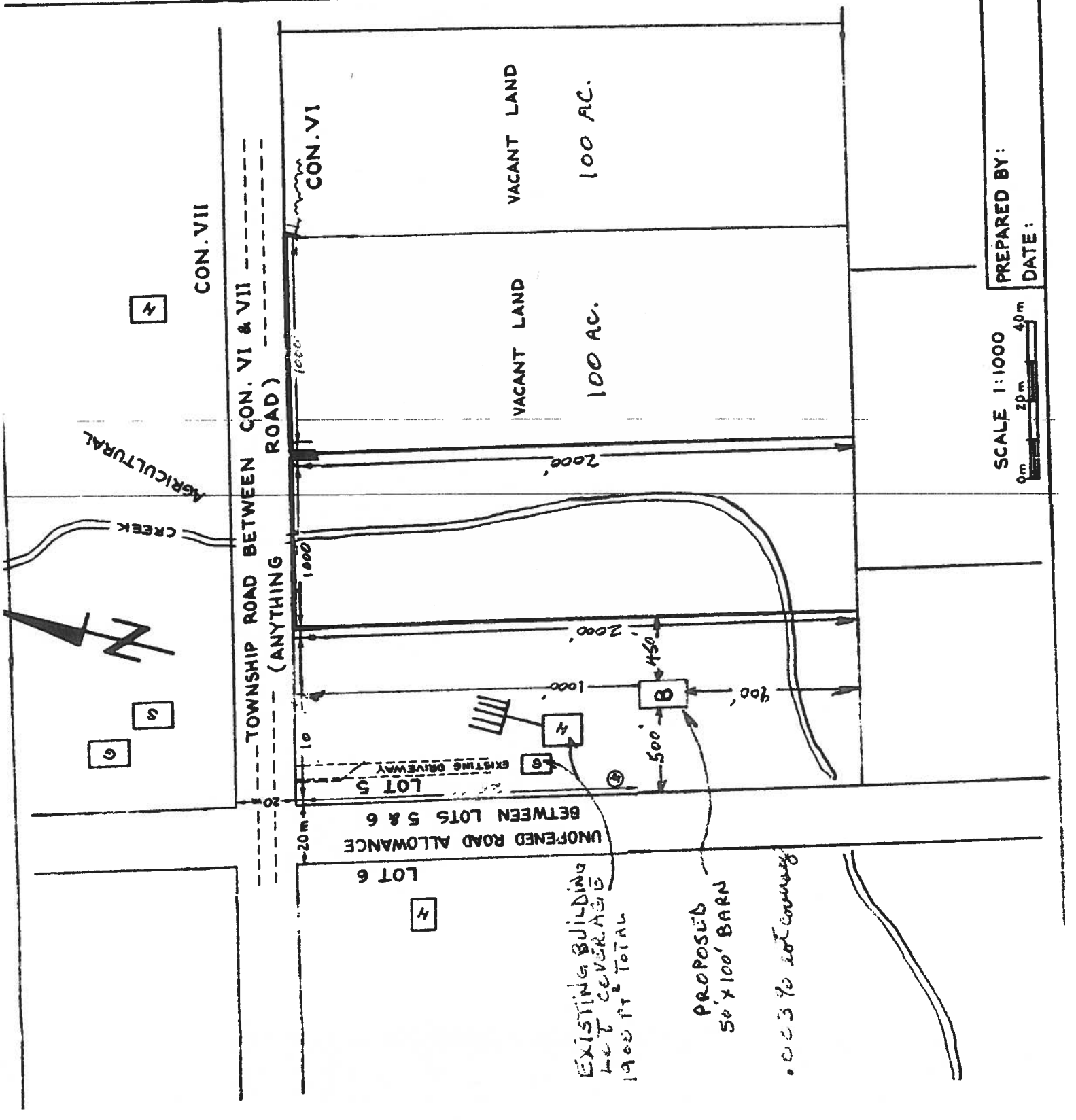
SAMPLE SKETCH

PROPOSED SEVERANCE
 LOT 5, CON. VI
 XXXX WARD
 TOWN(SHIP) XXXX



- LEGEND:
- [H] HOUSE
 - [G] GARAGE
 - [B] BOAT HOUSE
 - [S] STORE
 - [W] WELL
 - [T] TILE FILL

SITE DESCRIPTION:
 The lot is located on Anyl Road, 0.5 km from its intersection with Hwy. XX. The house is the third one on the right and is red brick. There is a yellow mail box at the end of the driveway.



PREPARED BY:
 DATE:

UNOPENED ROAD ALLOWANCE BETWEEN LOTS 5 & 6

EXISTING BUILDING LOT COVERABLE 1900 FT² TOTAL

PROPOSED 50' X 100' BARN

0.053% LOT COVERING



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OFFICE USE ONLY

No 01289

Permit #	
Application #	
File Class	() Roll No.
File No.	
Legal Prop. Description	

TOWNSHIP OF SEVERN BUILDING / DEMOLITION PERMIT PLOT PLAN INFORMATION SHEET

Owner..... Construction Site:
Civic Address.....

Please include and indicate the following information:

- All lot lines and their length
- The name of the Street or Road the property is located on
- All existing and proposed buildings on the lot
- The distance from the buildings to each lot line
- The location of the sewage system with dimensions and set back measurements
- The distance from sewage system to existing and proposed wells
- The distance from the sewage system and buildings to lakes, streams, ponds or any other water course
- Any easements or right of ways on the property
- North direction arrow

NOTES / OTHER / COMMENTS

DATE *Print Name* *Signature of applicant*