

# 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 municipal	lity, upper-tie	er munic	cipality, bo	ard of health or conserv	ation authority)		
A. Project information							
Building number, street name					Unit number	Lot/con.	
Municipality	Postal c	ode		Plan number/other description			
Project value est. \$				Area of work (m <sup>2</sup> )			
B. Purpose of application							
New construction Addition existing but			Alteration		Demolition	Conditional Permit	
Proposed use of building		Curre	nt use of	building			
Description of proposed work							
C. Applicant Applicant is:		er or	Au	thorized agent of own			
Last name	First nar	me		Corporation or partr	nership		
Street address					Unit number	Lot/con.	
Municipality	Postal c	ode		Province	E-mail		
Telephone number	Fax				Cell number		
D. Owner (if different from applicant)							
Last name	First nar	me		Corporation or partr	nership		
Street address			l		Unit number	Lot/con.	
Municipality	Postal c	ode		Province	E-mail	1	
Telephone number	Fax				Cell number		

E. Builder (optional)				
Last name	First name	Corporation or partners	hip (if applicable)	
Street address			Unit number	Lot/con.
NA				
Municipality	Postal code	Province	E-mail	
Telephone number	Fax		Cell number	
relephone number	I ax		Och Humber	
F. Tarion Warranty Corporation (Ontario	New Home Warra	ntv Program)		
i. Is proposed construction for a new hom Plan Act? If no, go to section G.			S Ye:	s No
ii. Is registration required under the Ontari	io New Home Warranti	ies Plan Act?	Ye	s No
iii. If yes to (ii) provide registration number	(s):			
G. Required Schedules				
i) Attach Schedule 1 for each individual who rev	iews and takes respor	sibility for design activities.		
ii) Attach Schedule 2 where application is to cons	struct on-site, install or	repair a sewage system.		
H. Completeness and compliance with a	ipplicable law			
<ul> <li>This application meets all the requirements of Building Code (the application is made in the applicable fields have been completed on the schedules are submitted).</li> </ul>	correct form and by th	e owner or authorized agen		s No
Payment has been made of all fees that are r regulation made under clause 7(1)(c) of the E application is made.	equired, under the app Building Code Act, 199	olicable by-law, resolution or 2, to be paid when the	Ye	s No
ii) This application is accompanied by the plans resolution or regulation made under clause 7			/-law, Ye	s No
iii) This application is accompanied by the inform law, resolution or regulation made under clau the chief building official to determine whethe contravene any applicable law.	se 7(1)(b) of the <i>Buildi</i>	ng Code Act, 1992 which er	nable	s No
iv) The proposed building, construction or demol	ition will not contraven	e any applicable law.	Ye	s No
I. Declaration of applicant				
			J	-1 414-
I(print name)			ae	clare that:
The information contained in this applic		ıles, attached plans and spe	ecifications, and oth	ner attached
documentation is true to the best of my 2. If the owner is a corporation or partners		y to bind the corporation or	partnership.	
Date	Signature o	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		<u> </u>			
Building number, street name			Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other descrip	tion		
B. Individual who reviews and takes	responsibilit	y 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 in Division C]	ndividual ider	ntified in Section B. [Buil	ding Code Table	3.5.2.1. of	
House	HVAC	– House	Building Str	uctural	
Small Buildings		ng Services	Plumbing –		
Large Buildings		tion, Lighting and Power	•	All Buildings	
Complex Buildings Description of designer's work	Fire P	rotection	On-site Sev	age Systems	
·					
D. Declaration of Designer					
1		de	clare that (choose o	ne as appropriate):	
(print name	<del>)</del>				
I review and take responsibility C, of the Building Code. I am qu					
Individual BCIN:			-		
Firm BCIN:			-		
I review and take responsibility under subsection 3.2.5.of Divisi			riate category as an	"other designer"	
Individual BCIN:			-		
Basis for exemption from re	egistration:				
The design work is exempt fron	ո the registratior	n and qualification requiremer	nts of the Building Co	ode.	
Basis for exemption from re	egistration and o	qualification:			
I certify that:					
<ol> <li>The information contained in this s</li> </ol>	chedule is true t	to the best of my knowledge.			
I have submitted this application w	ith the knowledo	ge 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.

#### **Site Plan Requirements**

Site plans are a requirement for most construction and demolition permits. Exemptions may include projects such as an interior renovation where square footage is not added or removed. Please contact building department to verify.

Applicants may use the form included in this document, or alternatively use other methods such as GIS Mapping software or registered plan of surveys. Please note, that the building official may require further information such as a registered survey of the property or drainage plan. Contact building official to verify.

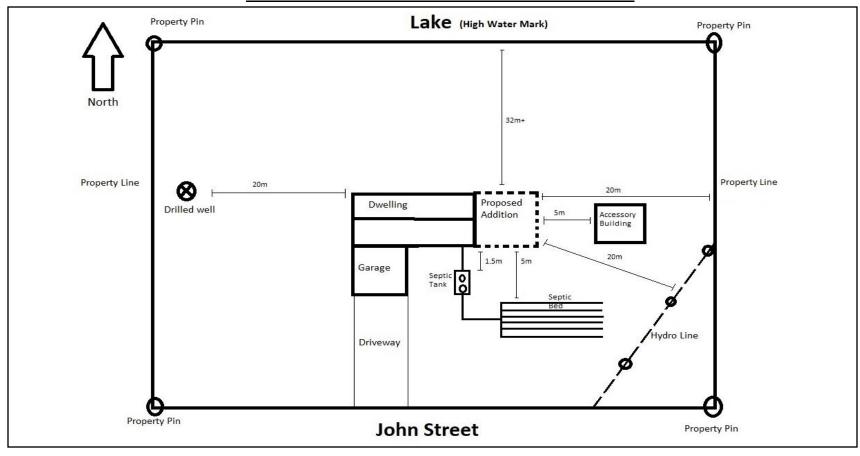
Property lines <u>must</u> be identified on site for first inspection.

The following must be indicated on the site plan. See example of a site plan included in this document:

- Property lines
- Name of adjacent street(s)
- Properties civic address and/or legal description
- Location of all water bodies, water courses, etc.
- Location of existing buildings and proposed building locations on the lot
- Location of sewage system or proposed sewage system (tank and bed)
- Location of well
- Location of driveway
- Location of shoreline road allowances, as applicable
- Location of R.O.W.s, easements, etc
- If property is located on municipal services, indicate water/sewer lines on property
- Specify distances to hydro wires, sewage systems (tank and bed), waterways (lake, creek, river, etc), property lines (front, rear, side), private wells, R.O.W.S., easements, other structures on property, etc.

THE ACCURACY OF THE INFORMATION ON THIS FORM IS THE RESPONSIBILITY OF THE APPLICANT AND IS HEREBY MADE PART
OF THIS APPLICATION. I HEREBY VERTIFY THAT THE INFORMATION APPEARING ON THIS FORM IS TRUE AND ACCURATE TO THE
BEST OF MY ABILITY.
PROPERTY ADDRESS:
DATE: OWNER(S) OR AUTHORIZED AGENT NAME:

## **SITE PLAN EXAMPLE – DWELLING ADDITION**



THE ACCURACY OF THE INFORMATION ON THIS FORM IS THE RESPONSIBILITY OF THE APPLICAN	T AND IS HEREBY MADE PART
OF THIS APPLICATION. I HEREBY VERTIFY THAT THE INFORMATION APPEARING ON THIS FORM IS	TRUE AND ACCURATE TO THE
BEST OF MY ABILITY.	

PROPERTY ADDRESS:	
DATE:	OWNER(S) OR AUTHORIZED AGENT NAME:



1 John St., P.O. Box 39 Killaloe ON K0J 2A0

Telephone: 613-757-2300 Fax: 613-757-3634

Email: info@khrtownship.ca

Website: www.killaloe-hagarty-richards.ca

#### **Building Permit Deposit Release Form**

It is the sole responsibility of the building permit holder to request the required prescribed inspections from the Chief Building Official throughout the duration of the project. The Township of Killaloe, Hagarty & Richards is taking steps to ensure building permits are finalized by the Chief Building Official by requesting an additional \$100.00 deposit on top of the required building permit fee. This fee is returnable upon the successful finalization of the permit by the Chief Building Official.

If an inspection has not been requested within 12 months of the previous inspection, the

retained by the municipality.	ired, revoked, or abandoned and the deposit may be
I, (Print Name) permit, understand it is my sole responsibilit finalization/occupancy, for the purposes of a	, as the permit holder of a building by to request all prescribed inspections, including building permit.
Signature of Permit Holder:	Date:
Permit Paid By:	
Deposit Paid By:	
For Principal Authority Only:	
Permit No:	Roll Number:
Address:	Project Finalization Date:
CBO Signature:	
Denosit Refunded to :	Date ·

		TO THE CO	UNCIL OR T	HE ASSE	SSMENT RE	VIEW BOAR	RD Taxauon 16	ai.
Municipality: Property Address:  Owner Name:  Mailing Address:				Roll Number: Applicant Name: Contact Number: Alternative Number:				
Cease Becan Razed Dama	s to be liable for ne exempt – 357( I by fire, demoliti ged and substar	(Check <u>one</u> box – tax at rate it was t (1((c) ion or otherwise – ntially unusable – 3	daxed – 357(1)(a) 357(1)(d)(i) 357(1)(d)(ii)	Bec Sic Mo	came vacant or e kness or extreme bile unit removed	xcess land – 357(1)	)(d.1)	
Effective fro	om:/	S358 or S359 appli	/App	licant Signatı	ure:TREASURER	'S RECOMMEND	ATION TO COUNC	, I <u>r</u>
	turned	Revised Since Roll Return Enter Revisions 2008 Base-year CVA	Below Current Phased Assessment		nange in Asses Revised 2005 Base-year CVA		S357 Required  Revised Current Phased Assessment	for Next Year  Change to Current Phased Assessment
				Reason for	Change:			
	ER'S REPORT O	evised:  N TAX LIABILITY sessment Reducti		x Rate	Days / Mont	ths Tax A	djustment	Original Levy
Commen	ts:	No Adjustment	Adjustmen		ancellation L	Refund	Total Amount	
COUNCI	L OR ASSESS	MENT REVIEW I	BOARD DECISI	ON: ot Approved	Heari	ng Date (MM/DD		ation Abandoned
	d for Applicant:			Арро	eared for Municip	pality:		

SECTION 357 / 358 / 359 APPLICATION

Application/Appeal #:

Taxation Year: