



# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

Application submitted to:

**The Corporation of The Nation Municipality**

958 Route 500 West, Casselman, Ontario K0A 1M0 Tel.: (613) 764-5444 Fax: (613) 764-4480

<b>A. Project information</b>			
Building number, street name		Apt.	Lot/Con
Roll Number 0212-	Town	Postal code	
Plan number/other description	Est. project value. \$	Area of work (ft <sup>2</sup> /m <sup>2</sup> )	
<b>B. Purpose of application</b>			
<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			
<b>C. Applicant</b>			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name		First name	Corporation or partnership
Street address		Apt.	Lot/con.
Town	Postal code	Province	E-mail
Telephone number(    )		Fax(    )	Cell number(    )
<b>D. Owner (if different from applicant)</b>			
Last name		First name	Corporation or partnership
Street address		Apt.	Lot/con.
Town	Postal code	Province	E-mail
Telephone number(    )		Fax(    )	Cell number(    )
<b>E. Builder (optional)</b>			
Last name		First name	Corporation or partnership (if applicable)
Street address		Apt.	Lot/con.
Town	Postal code	Province	E-mail
Telephone number(    )		Fax(    )	Cell number(    )
<b>F. Additional information</b>			
1. Water source	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private well	<input type="checkbox"/> 2. Source of heat:
2. Type of sewage system	<input type="checkbox"/> Municipal	<input type="checkbox"/> Septic system	Number of plumbing fixtures:
<b>G. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>			
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):			
<b>H. Required Schedules</b>			
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.			
<b>I. Completeness and compliance with applicable law</b>			
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

**J. 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. I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_ 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

**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		Apt.	Lot/con.
Town	Postal code	Plan number/ other description	

**B. Individual who reviews and takes responsibility for design activities**

Name		Firm	
Street address		Apt.	Lot/con.
Town	Postal code	Province	E-mail
Telephone number ( )	Fax number ( )	Cell number ( )	

**C. Design activities undertaken by individual identified in Section B. [Building Code Table 2.20.2.1]**

<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):  
 (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 work 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) 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.
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 for a Building Permit Application

This form shall be attached to an application for a permit to construct

Application submitted to:

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## A. Project information

Building number, street name		Apt.	Lot/Con
Town	Postal code	Plan number/other description	
Roll number 0212-		Area of work (ft <sup>2</sup> /m <sup>2</sup> )	

## B. Applicant

Applicant is:  Owner or  Authorized agent of owner

Last name	First name	Corporation or partnership	
Street address		Apt.	Lot/con.
Town	Postal code	Province	Town
Telephone number ( )	Fax ( )	Cell number ( )	

## C. Purpose of application

Residential     
  Agricultural     
  Commercial     
  Residential     
  Agricultural

Zoning of subject property	Proposed use of building
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## D. Is the property subject to any of the following:

vi. Official plan or zoning amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
vii. Minor variance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
viii. Land severance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ix. Farm building located within a 100 m (328 ft.) radius, if yes indicate distance on plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
x. Water course and/or drainage ditch located within a 60 m (196 ft.) radius	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## E. Required information to appear on the site plan

vi. Directional arrows (North, South, West, East).  
 vii. Name of all road or streets (Public or Private) adjacent to subject property.  
 viii. Right of ways / Easements.  
 ix. Setbacks of the proposed construction from: Property lines, existing structures, septic systems, well, water course, ditch, etc.  
 x. Distance of the proposed construction from existing livestock facilities located on adjacent properties (if applicable).

## F. Site plan (To be draw in space provide or attach drawing to this application form)

Indicate where the proposed structure will be situated on the subject property  
 Minimum Setbacks : 1.5 m (5 ft.) from septic tank and 5.0 m (16 ½ ft.) from septic field/tile bed

Important: The front yard setback should be measured from the center line of road or front property line **ONLY**.

## G. Declaration of applicant

I \_\_\_\_\_ certify that:

(print name)

- The information contained in this application, attached drawing and/or plans and other attached documentation is true to the best of my knowledge.
- I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_

Date
Signature of applicant