



MUNICIPALITY OF SHUNIAH

420 Leslie Ave
Thunder Bay, ON
P7A 1X8
Tel: (807) 683-4545 Fax: (807) 683-6982

MEMORANDUM

May 1, 2022

Sheds up to 15 square metres in area, do not require a building permit

Interim Amendments to the 2012 Building code exempt sheds up to **15 square metres** in area from requiring a building permit, provided the shed:

- Is not more than one storey in building height
- Is not attached to a building or any other structure
- Is used only for storage purposes ancillary to a principal building on the lot, and
- Does not have plumbing.

As per Ontario Regulation 451/22

Contact the Building Official at (807) 620-3709 if you have questions.

**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:		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			
<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			
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		

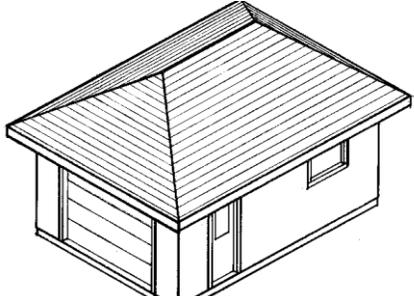
Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed 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.



DETACHED GARAGE/SHED

APPLICANT
ADDRESS
DATE

DRIVEWAY: Driveway location and design must be approved by the Operations Manager.

<p>TYPE A <input type="checkbox"/> GABLE ROOF</p>  <p style="text-align: center;">GARAGE DOOR IN GABLE END</p>	<p>TYPE B <input type="checkbox"/> GABLE ROOF</p>  <p style="text-align: center;">GARAGE DOOR IN LOADBEARING WALL</p>	<p>TYPE C <input type="checkbox"/> HIP ROOF</p> 
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Building Information (Dimensions)

Width _____ Length _____

Eaves*: Side _____ Ends _____

Wall Height _____ Total Ht _____

Side Yard: Left _____ Right _____

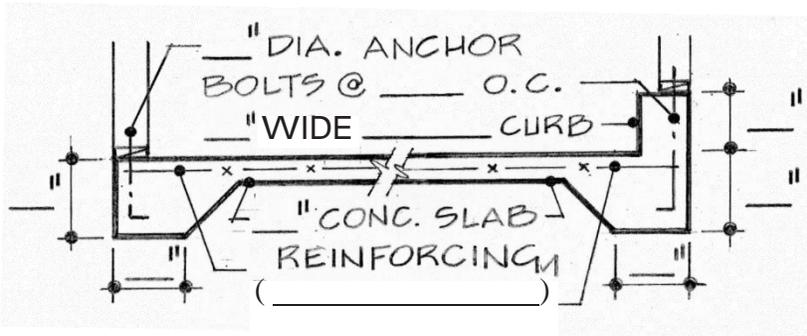
Rear Yard _____

Separation Distance To House _____

Construction Information (Size, Material)

- Walls 2" X _____ " @ _____ " Centres
- a) Engineered Trusses @ _____ " Centres
or b) Rafters 2" X _____ " @ _____ " Centres
Joists 2" X _____ " @ _____ " Centres
- Roof Sheathing _____ " Plwd _____ " Chipboard
- Roofing: Shingles _____ Roll _____ Metal _____
- Wall Sheathing _____ " Plwd _____ " Chipboard
- Exterior Finish _____

Foundation Information



TYPE 1 TYPE 2 OTHER (Detail required)

Lintel Sizes	#	SIZE
Overhead Door:	(_____)	- 2" X _____ "
Man Door:	(2)	- 2" X _____ "
Window:	(2)	- 2" X _____ "

CAUTION:

A separate building permit will be required if a **SOLID FUEL BURNING APPLIANCE** (e.g. woodstove) is used in the proposed building. Refer to our "GUIDE TO RESIDENTIAL SOLID FUEL BURNING APPLIANCES."

GARAGE/SHED PLAN: Recommended Scale - One Square = 2'0"

NOT TO BE USED FOR SITE PLAN DRAWING

Dotted grid area for drawing the garage/shed plan.

Plan Information Required

- Floor Plan Showing Dimensions
 - Width And Length
 - Opening Locations
 - Garage Door _____ W _____ H
 - Man Door _____ W _____ H
 - Windows (1) _____ W _____ H
(2) _____ W _____ H
 - Interior Partitioning
 - Additional Information (See Below)

OFFICE USE ONLY:

- Building Area _____
- Zone _____
- Reviewed By

APPROVED

- Zoning _____
- Plans _____
- Application No. _____
- Issue Date _____

A review of this project application information did not include a review of minimum separation clearances from overhead electrical distribution wires (conductors) and transformers or other matters for which specific information was not provided. The owner/ applicant is required to seek and obtain such other approvals as may be necessary. In all cases, the most restrictive condition applies. Where other restrictions cause any change to the location or construction of this project, such changes must be reviewed and approved by the Municipality prior to construction.

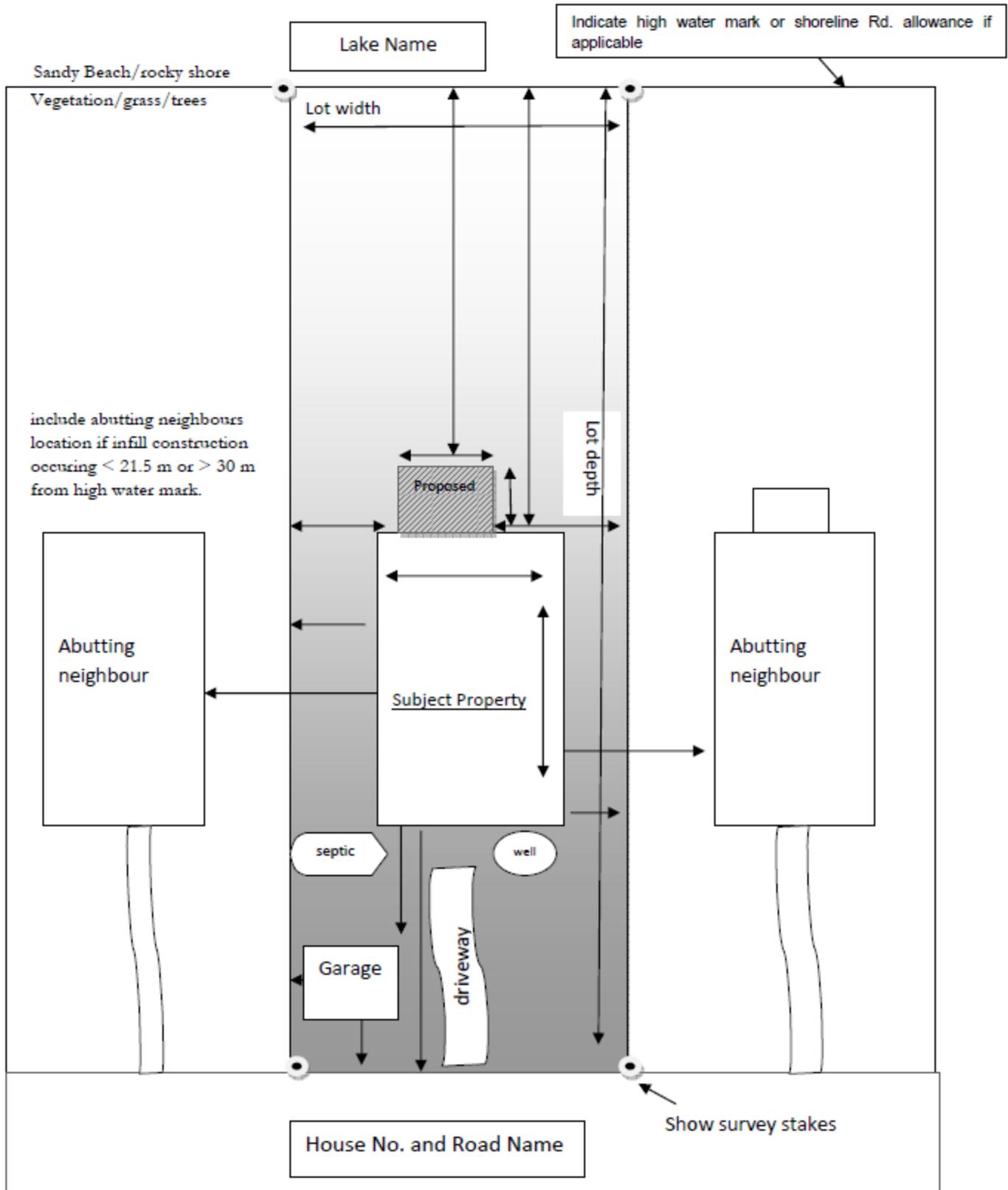
Schedule 1: Designer Information

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:			
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 authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practice, a limited license to practice, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.			
For Use by Principal Authority	Appl'n No.	Permit No: (if different)	



Example Diagram :



- ✓ -Provide the property Legal description and include a survey if available. Indicate any iron markers or survey stakes on the diagram.
- ✓ -All relevant distances and property dimensions
- ✓ -Location and dimension of proposed construction and label as "proposed". Include all relevant information . ie. Overhangs, cornices, sills, windows, chimneys, hottubs, fences.. etc.
- ✓ -Location of all structures, garages, sheds, well, septic, decks, docks, etc. on the subject property
- ✓ -Abutting property information ie. location of main dwelling, wells, septic, decks, garages, shed etc.
- ✓ All adjacent roads , easments and right of ways, train tracks, rivers, paths, et.
- ✓ -Bushes, hedges, walkways and driveways
- ✓ -Include 3 dimensional drawings if applicable ie. Height of proposed construction, site lines and any other pertinent information.

Measurements must be legible. Exact measurements are required.

Please use metric and bracket imperial measurements if desired.



Agent Authorization Form

A. Project information		
Building number, street name	Unit number	Lot/con.
Municipality	Postal code	Plan number/other description

B. Authorization of Property Owner

The undersigned, being the registered property owner of the above noted property, hereby authorizes _____, to apply for a building permit on my behalf.

I request to be contacted, along with the applicant, regarding any changes or modifications to the application throughout the permit process. I confirm my contact information is included on the building permit application.

C. Declaration of Property Owner

I, _____ declare that:
(print name)

- 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.

Date: _____ Signature of Owner: _____

D. Authorization of Building Owner (if different from property owner)

The undersigned, being the registered building owner on the above noted property, hereby authorizes _____, to apply for a building permit on my behalf.

I request to be contacted, along with the applicant, regarding any changes or modifications to the application throughout the permit process. I confirm my contact information is:

Phone: _____ Email: _____

E. Declaration of Building Owner (if different from property owner)

I, _____ declare that:
(print name)

- 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.

Date: _____ Signature of Owner: _____