Residential Dwelling

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: Municipality of Shuniah
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name			Unit number	Lot/con.
Municipality: Shuniah	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

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 ( )	

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 *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☐ No
ii. Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ 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).	☐ Yes	☐ No
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 *Building Code Act, I992*, to be paid when the application is made.	☐ 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 *Building Code Act, 1992.*	☐ 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 *Building Code Act, 1992* 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

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.

Municipality of Shuniah

420 Leslie Avenue
Thunder Bay, ON, P7A 1X8
Ph. 807-683-4545 Cell. 807-620-3709 Fax. 807-683-6982

Residential Building Permit Application Checklist

Customer Name:	Telephone No	Project Address or Legal Description

IN ORDER TO COMPLETE A REVIEW, THIS FORM AND THE FOLLOWING INFORMATION MUST BE SUBMITTED. PLEASE BE ADVISED THAT UPON ACCEPTANCE, AND DURING THE PERMIT REVIEW PROCESS, THE APPLICANT MAY BE REQUIRED TO PRODUCE ADDITIONAL INFORMATION TO INSURE COMPLIANCE WITH APPLICABLE PROVINCIAL AND MUNICIPAL REGULATIONS.

- ☐ Completed Building Permit Application Form, including Schedule 1* where applicable
  * Schedule 1 is completed by the various project designers and must accompany the permit application.
- ☐ Proof of Ownership (provide either a Property Deed, or an Offer to Purchase (Deed to follow)
- ☐ Authorization from Owner (if applicant other than owner).
- ☐ Three (3) sets of working drawings, including:
  - ☐ Site Plan
  - ☐ Site Drainage Plan
  - ☐ Foundation Plan - a P.Eng is required if using a slab or other non-standard construction
  - ☐ Heating Duct Layout (Two Storey Dwellings Only)
  - ☐ Floor Plan(s)
  - ☐ Roof Plan
  - ☐ Building Section(s)
  - ☐ Elevations
  - ☐ Hydronic Heating Information (In-floor/Under-floor/Geothermal)
    - Heat Loss Calculations
    - Loop/Piping Layouts
    - Heat Exchanger
    - Baseboard Radiation locations
    - Boiler Information
    - Air Handler / Coil
    - Type of Hot Water Tank
- ☐ Zoning & Grading Application
- ☐ Infill & New Construction (Form B2405)
- ☐ Truss Certificate
- ☐ Roof Truss and Floor Layout and Certificate
- ☐ Engineered Guard Rail Design Required
- ☐ SB-12 Energy Efficiency Design Summary
- ☐ Engineered Beam Details (i.e. Parallam, Micro-lam)
- ☐ Fireplace/Woodstove/Chimney Details (provide manufacturer's installation instructions)
- ☐ Mechanical Ventilation Design (HRV and dedicated systems will require a certified designer)
- ☐ Completed Plumbing Detail Sheet, including Two (2) sets of isometric Plumbing Drawings

Permit Fee $ _____

1.	Proof of adequate water supply and Potablity provided? - applicable if you are on a well system	☐	Yes	☐	No	☐ N/A
2.	Septic Field Approval from Ministry of Health or TBDHU provided?	☐	Yes	☐	No	☐ N/A
3.	Ministry of Transportation Approval provided - applicable if within 395m of highway intersections - applicable within 46 metres from King's highway - other MTO approvals may apply	☐	Yes	☐	No	☐ N/A
4.	Lakehead Regional Conservation Authority Approval - is your property in a flood plane or cut and fill area? - does property have 'Hazard land' zoning?	☐	Yes	☐	No	☐ N/A
5.	Driveway Application provided?	☐	Yes	☐	No	☐ N/A

A Building Permit is issued based on the information you provide, and the accuracy of the information provided affects the processing time involved in (and the possibility of) issuing of a Building Permit. By completing this form and signing below, you understand it is your responsibility to provide this information in a timely fashion in order to efficiently and effectively process your application.

Zoning Questions call: 807-683-4540, Building Code Questions Call 807-620-3709

Applicants Signature: _____

B2401

Municipality of Shuniah

Building Permit Fee Worksheet

Applicant		**Permit No:**	
Property Location			

Application submitted to: **Municipality of Shuniah**, 420 Leslie Avenue, Thunder Bay, ON P7A 1X8

WORKSHEET FOR OFFICE USE ONLY		**Area/Units**						**Cost**			**Fee $**
Residential Dwellings	Main Floor Area	-	sq.m	x	$	11.50	/sq.m	=	
	Second Floor Area		sq.m	x	$	6.00	/sq.m	=	
	Finished Basement		sq.m	x	$	2.50	/sq.m		
	Attached Garage		sq.m	x	$	4.00	/sq.m	=	
Accessory Buildings	Main Floor Area		sq.m	x	$	4.00	/sq.m	=	
Alterations and Additions	Floor Area		sq.m	x	$	6.00	/sq.m	=	
Commercial, Industrial & Institutional	Floor Area		sq.m	x	$	10.00	/sq.m	=	

(Minimum Permit Fee is $100) **Subtotal:**

Building Components	**Number of Units**						
Permit for Temporary Building		x	$	100	ea	=	
Occupancy Permit - new dwellings only		x	$	100	ea	=	
Other inspections		x	$	100	ea	=	
Plumbing Permit		x	$	100	ea	=	
Demolition Permit		x	$	100	ea	=	
Change of Use Permit		x	$	100	ea	=	
Patio/Deck Permit		x	$	100	ea	=	
Swimming Pool Permit		x	$	100	ea	=	
Fireplace & Wood Burning Appliances		x	$	100	ea	=	
	Subtotal of component permits:						
Structures Towers: Communication and Wind		x	$	1,000	=		
Retaining Wall		x	$	250	=		

Total Building Permit Fee:

Please Note:

Areas to be calculated are based on outside dimensions.

Method of Payment: cash, cheque, debit

B2411

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 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)**

Energy Efficiency Design Summary: Prescriptive Method

(Building Code Part 9, Residential)

This form is used by a designer to demonstrate that the energy efficiency design of a house complies with the building code using the prescriptive method described in Subsection 3.1.1. of SB-12. This form is applicable where the ratio of gross area of windows/sidelights/skylights/glazing in doors and sliding glass doors to the gross area of peripheral walls is not more than 22%.

For use by Principal Authority	
Application No:	Model/Certification Number

A. Project Information

Building number, street name		Unit number	Lot/Con
Municipality	Postal code	Reg. Plan number / other description	

B. Prescriptive Compliance [indicate the building code compliance package being employed in this house design]

SB-12 Prescriptive (input design package): Package: _____ Table:_____

C. Project Design Conditions

Climatic Zone (SB-1):	Heating Equipment Efficiency	Space Heating Fuel Source		
□ Zone 1 (< 5000 degree days)	□ ≥ 92% AFUE	□ Gas	□ Propane	□ Solid Fuel
□ Zone 2 (≥ 5000 degree days)	□ ≥ 84% < 92% AFUE	□ Oil	□ Electric	□ Earth Energy

Ratio of Windows, Skylights & Glass (W, S & G) to Wall Area		Other Building Characteristics
Area of walls = _____m^2 **or**_____ft^2	W, S & G % = _____	□ Log/Post&Beam □ ICF Above Grade □ ICF Basement □ Slab-on-ground □ Walkout Basement □ Air Conditioning □ Combo Unit □ Air Sourced Heat Pump (ASHP) □ Ground Sourced Heat Pump (GSHP)
Area of W, S & G = _____m^2 **or**_____ft^2	Utilize window averaging: □Yes □No	

D. Building Specifications [provide values and ratings of the energy efficiency components proposed]

Energy Efficiency Substitutions

□ ICF (3.1.1.2.(5) & (6) / 3.1.1.3.(5) & (6))

□ Combined space heating and domestic water heating systems (3.1.1.2.(7) / 3.1.1.3.(7))

□ Airtightness substitution(s)		
Airtightness test required (Refer to Design Guide Attached)	□ Table 3.1.1.4.B Required:_____	Permitted Substitution:_____
	□ Table 3.1.1.4.C Required:_____	Permitted Substitution:_____
	Required:_____	Permitted Substitution:_____

Building Component	Minimum RSI / R values or Maximum U-Value(1)		Building Component	Efficiency Ratings	
Thermal Insulation	Nominal	Effective	**Windows & Doors** Provide U-Value(1) or ER rating		
Ceiling with Attic Space			Windows/Sliding Glass Doors		
Ceiling without Attic Space			Skylights/Glazed Roofs		
Exposed Floor			**Mechanicals**		
Walls Above Grade			Heating Equip.(AFUE)		
Basement Walls			HRV Efficiency (SRE% at 0°C)		
Slab (all >600mm below grade)			DHW Heater (EF)		
Slab (edge only ≤600mm below grade)			DWHR (CSA B55.1 (min. 42% efficiency))		# Showers___
Slab (all ≤600mm below grade, or heated)			Combined Heating System		

(1) U value to be provided in either W/(m^2•K) or Btu/(h•ft^2•F) but not both.

E. Designer(s) [name(s) & BCIN(s), if applicable, of person(s) providing information herein to substantiate that design meets the building code]

Qualified Designer Declaration of designer to have reviewed and take responsibility for the design work.

Name	BCIN	Signature

Guide to the Prescriptive Energy Efficiency Design Summary Form

This form must accurately reflect the information contained on the drawings and specifications being submitted. Refer to Supplementary Standard SB-12 for details about building code compliance requirements. Further information about energy efficiency requirements for new buildings is available from the provincial building code website or the municipal building department.

The building code permits a house designer to use one of four energy efficiency compliance options:

1. Comply with the *SB-12 Prescriptive* design tables (this form is for this option (Option 1)),
2. Use the *SB-12 Performance* compliance method, and model the design against the prescriptive standards,
3. Design to *Energy Star, or*
4. Design to *R2000* standards.

COMPLETING THE FORM

B. Compliance Options

Indicate the compliance option being used.

- *SB-12 Prescriptive* requires that the building conforms to a package of thermal insulation, window and mechanical system efficiency requirements set out in Subsection 3.1.1. of SB-12. Energy efficiency design modeling and testing of the building is not required under this option. Certain substitutions are permitted. In which case, the applicable airtightness targets in Table 3.1.1.4.A must be met.

C. Project Design Conditions

Climatic Zone: The number of degree days for Ontario cities is contained in Supplementary Standard SB-1
Windows, Skylights and Glass Doors: If the ratio of the total gross area of windows, sidelights, skylights, glazing in doors and sliding glass doors to the total gross area of walls is more than 17%, higher efficiency glazing is required. If the ratio is more than 22%, the *SB-12 Prescriptive* option may not be used. The total area is the sum of all the structural rough openings. Some exceptions apply. Refer to 3.1.1.1. of SB-12 for further details.
Fuel Source and Heating Equipment Efficiency: The fuel source and efficiency of the proposed heating equipment must be specified in order to determine which *SB-12 Prescriptive* compliance package table applies.
Other Building Conditions: These construction conditions affect *SB-12 Prescriptive* compliance requirements.

D. Building Specifications

Thermal Insulation: Indicate the RSI or R-value being proposed where they apply to the house design. Under the *SB-12 Prescriptive* option, alternative ICF wall insulation is permitted in certain conditions where other design elements meet higher standards. Refer to SB-12 for further details. Where effective insulation values are being used, the Authority Having Jurisdiction may require supporting documentation.

BUILDING CODE REQUIREMENTS FOR AIRTIGHTNESS IN NEW HOUSES

All houses must comply with increased air barrier requirements in the building code. Notice of air barrier completion must be provided and an inspection conducted prior to it being covered.

The air leakage rates in Table 3.1.1.4.A are not requirements. This provision is a voluntary provision for when credits for airtightness are claimed. Credit for air tightness allows the designer to substitute the requirements of compliance packages as set out in Table 3.1.1.4.B or 3.1.1.4.C. Neither the air leakage test nor compliance with airtightness targets given in Table 3.1.1.4.A are required, unless credit for airtightness is claimed. Table 3.1.1.4.A provides airtightness targets in three different metrics; ACH, NLA, NLR. Any one of them can be used.

OBC Reference Default Air Leakage Rates (Table 3.1.1.4.A)

Building Type	Airtightness Targets				
	ACH @ 50 Pa	NLA @ 10 Pa		NLR @ 50 Pa	
Detached dwelling	2.5	1.26 cm^2/m^2	1.81 $in^2/100ft^2$	0.93 $L/s/m^2$	0.18 $cfm50/ft^2$
Attached dwelling	3.0	2.12 cm^2/m^2	3.06 $in^2/100ft^2$	1.32 $L/s/m^2$	0.26 $cfm50/ft^2$

The building code requires that a blower door test be conducted to verify the air tightness of the house during construction if the *SB-12 Prescriptive* option with airtightness credit being applied. Results of the airtightness test may need to be submitted to the Authority Having Jurisdiction. Airtightness of less than 2.5 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of detached houses, or 3.0 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of attached houses is necessary to meet the required energy efficiency standard.

E. House Designer

The building code requires designers providing information about whether a building complies with the building code to have a BCIN. Exemptions apply to architects, engineers and owners designing their own house.

Form authorized by OHBA, OBOA, LMCBO. Revised November 30, 2016.

B2413

Mechanical Ventilation Design Review Form

Heat Recovery Ventilator Systems

For use by Principal Authority

Application No.:	Permit No (if different):
B	Roll No.:

Application submitted to: **Municipality of Shuniah,** 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8

A. Project Information

Building number, street name		Unit number	Lot/con.
Municipality	Postal Code	Plan number/other description	
Purpose Use of Building:			

B. Applicant

Applicant is ☐ Owner or ☐ Authorized agent of owner

Last name	First Name	Corporation or partnership	
Street addres		Unit number	Unit number
Municipality	Postal Code	Province	E-mail
Telephone number	Fax	Cell number	

C. Type of Building

☐ 1.) Detached ☐ 2.) Row ☐ 3.) Multi-Residential ☐ 4.) Other

D. Type of Heating System(s)

☐ Forced Air	☐ Baseboard	☐ Other	☐ Solid Fuel Appliances
☐ Oil	☐ Gas	☐ Other	
☐ Type I (1)	☐ Type II (1)	☐ Type III (1)	

E. Hot Water Source

☐ Gas	☐ Other	
☐ Type I (1)	☐ Type II (1)	☐ Type III (1)

F. Combustion Air

Provide Details

_____

_____

G. Type of Equipment Applied

H.R.V. (Certified to C.S.A. - C.22.2 No. 113 and Performance Tested to CSA c439/H.V.I.)

Manufacturer	
Brand Name	Model No.

H. Type of Controls

Dehumidistat With

☐ 1.) Interval Timers ☐ 2.) Manually Operated Switch ☐ 3.) HRV Controls(s) - must be centrally located adjacent to "circulation fan" control and identified. NOTE: manufacturers remote control unit acceptable

I. Type of Defrost

☐ 1.) Detached ☐ 2.) Bypass ☐ 3.) Recirculation ☐ 4.) Other

J. Distribution System

☐ 1.) Separate/Dedicated (Duct Size and Layout Drawing Required) (3) ☐ 2.) Integrated with Furnace (Direct Connection to R/A System Required) (4)

Manufacturer	Model No.
BTU/1000 Output	Design Static Pressure Diff. of R/A Plenum (Pa)

Multi Speed Fan	☐ Yes	☐ No	(Control switch for systems which utilize the forced air heating/cooling systems must be centrally located and identified as the "CIRCULATION FAN".)
Continuous Operation	☐ Yes	☐ No	
Preheating Required	☐ Yes (_____ Watts)	☐ No	

K. Supply Ventilation (Greater of A or B)

A) 'Rooms'			L/s	cfm	Or	B) Exhaust Ventilation Continuous			L/s	cfm
Bsmt. & Master Bdrm.	____	@ 10 L/s (20 cfm)	____	____		Bsmt. & Master Bdrm.	____	@ 30 L/s (60 cfm)	____	____
Other Bedrooms	____	@ 5 L/s (10 cfm)	____	____		Other Bedrooms	____	@ 15 L/s (20 cfm)	____	____
Bathrooms & Kitchen	____	@ 5 L/s (10 cfm)	____	____				**Total**	____	____
Other Habitable Rooms	____	@ 5 L/s (10 cfm)	____	____						
		Total	____	____		Minimum Supply Required (5)				

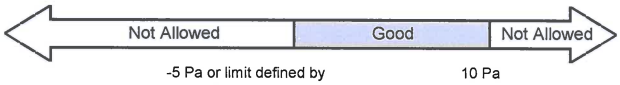
L. Outside Vented Mechanical Exhaust System

	L/s	cfm		L/s	cfm
☐ Clothes Dryer (Default 160 cfm)	____	____	☐ Bathroom (Default 50 cfm)	____	____
☐ Central Vacuum	____	____	☐ Other	____	____
☐ Kitchen Range Hood (Default 100 cfm)	____	____	**Total**	____	____

M. Relief/Makeup Air Required Provide details how Relief/Makeup Air is achieved.

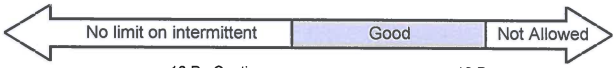
N. CSA F326 House Pressure Limits

1. For houses with non-direct vent combustion appliances.



-5 Pa or limit defined by maunufacturer of heating equipment (not more than -10 Pa) 10 Pa

2. For houses with only direct vent combustion appliances.



-10 Pa Continuous 10 Pa

Note: - Include all ventilation fans in test.
- Also include the dryer and the next largest fan for intermitten (Reference Exhaust) pressure measurement.

O. Addendum To Application

Note (1) Combustion Appliance Category

Type I - Natural Draft Type

Type II - Induced Draft Type

Type III - Sealed Unit or Non-Fuel Burning Appliances

Note (2) Soild fuel appliance must have provisions for combustion air.

Note (3) Part 9 of the Ontario Building Code has duct sizing provisions for dedicated systems.

Note (4) This Department assumes that all furnaces/ductwork are sized in accordance with good engineering practice. As per Part 6 of the Ontario Building Code.

Note (5) Must include low temperature ventilation correction rate for HRV.

Note (6) This Department strongly recommends that each project is field tested to determine relief/make-up are requirements.

P. Certified Designer

Last name	First Name	Registration/Cert.#/BCIN	
Street addres		Unit number	Unit number
Municipality	Postal Code	Province	E-mail
Telephone number	Fax	Cell number	
Date	Signature		

Municipality of Shuniah
420 Leslie Avenue
Thunder Bay, ON, P7A 1X8
Ph. 807-683-4545 Fax. 807-683-6982

OFFICE USE ONLY		
PERMIT APPLICATION NUMBER	RECEIVED BY	DATE
REVIEWED BY		DATE

PLUMBING INFORMATION TO CONSTRUCT/ALTER:

☐ **PLUMBING SYSTEM**
☐ **HYDRONIC HEATING SYSTEM**

PROPOSED USE OF BUILDING

☐ Single ☐ Multi
☐ Commercial ☐ Industrial ☐ Institutional

TYPE OF WORK

☐ *Building Permit Application **is** attached to this form (as project scope is limited to work identified above).*

☐ *Building Permit Application **is not** attached to this form (provided through owner, as project scope includes work other than above)*

☐ New Construction ☐ Repair ☐ Replace
☐ Alter/Extend ☐ Other _____

PROJECT LOCATION/CONTACTS (Please Print)

Project Address		
Owner	Address & Postal Code	Phone: Fax No.
Plumbing Contractor & License #	Address & Postal Code	Phone: Fax No.
Hydronics Contractor	Address & Postal Code	Phone: Fax No.

PLUMBING SYSTEM INFORMATION					
FIXTURE	BSMT	1st	2nd	3rd	
Water Closet Installed					
Water Closet Rough-In					
Basin Installed					
Basin Rough-In					
Bathtub Installed					
Bathtub Rough-In					
Shower Installed					
Shower Rough-In					
Kitchen Sink Installed					
Kitchen Sink Rough-In					
Dishwasher					
Bidet					
Sauna					
Bar Sink					
Hot Water Tank					
Automatic Washer					
Laundry Tub					
Floor Drain					
Roof Drain					
Storm Sewer Sump					
Water Meter Connection					
Main Building Control Valve					

SERVICES/HYDRONICS

☐ Well ☐ Septic Tank ☐ Hydronic Heating (Design attached): ☐ Primary Source ☐ Supplemental

☐ Hydronic Heating (Design Attached): **Rough-in Only**

DRAWINGS REQUIREMENTS

Drawing information shall include a plan showing the location and size of every building drain and every trap or inspection piece on the building drain, and a sectional drawing showing the size and location of every soil or waste pipe, trap and vent pipe.

☐ Drawing(s) provide with this information form submission

☐ Drawing(s) provided separately with building permit application supplied by owner/owner representative

☐ Drawings not required (subject to City approval)

DECLARATION: I, the undersigned ☐ **OWNER,** ☐ **MASTER PLUMBER per LICENSED PLUMBING CONTRACTOR (if required-see Note*),**

☐ **HYDRONICS CONTRACTOR (print) I,** _____ , am the authorized owner (or owner's representative) named on this form and I certify the truth of all statements or representations contained on this form and agree to the terms and condition(s) contained on this form and the associate building permit application form.

DATED: _____, SIGNATURE: _____

B2416

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)

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.

D ate: _____ 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:

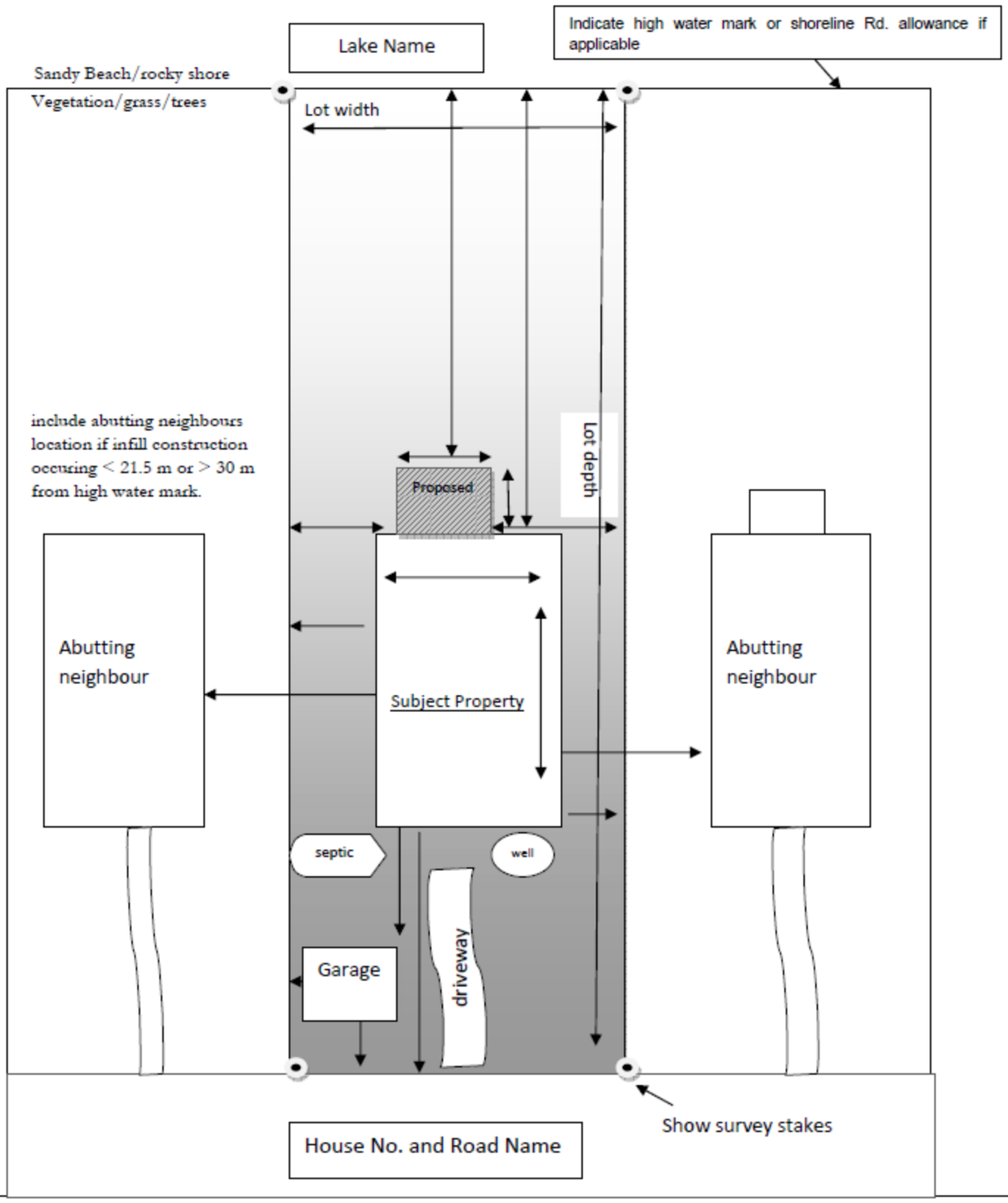
E. Declaration of Building Owner (if different from property owner)

I, _____ declare that:
(print name)

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 Owner: _____

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 structues, 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.

ENCROACHMENT OF OVERHEAD AND UNDERGROUND ELECTRICAL POWER LINES

You are not only responsible to call before you dig
to ensure you do not adversely affect buried utility cables,
BUT YOU MUST ALSO LOCATE YOUR BUILDING OR STRUCTURE TO MAINTAIN MINIMUM CLEARANCES FROM OVERHEAD POWER & UNDERGROUND POWER LINES.

THIS CAN AFFECT THE LOCATION OF YOUR BUILDING OR STRUCTURE

(This notice is attached to all building permit applications. It contains information important to your project planning)

The permit applicant has a responsibility to ensure that the structure resulting from the permit application does not encroach on required clearances to overhead and underground power cables. Failure to identify and avoid these encroachments has, in the past, resulted in physical injury and/or unexpected costs to the applicant/owner. Expect that your building or part thereof will have to be moved or removed at your expense, where proper clearances have not been adhered to.

Legislation that controls minimum clearances for structures being built near overhead or underground power lines includes the following:

Ontario Electrical Safety Code Section 75-312(3)	Contact:	**Electrical Safety Authority** **Phone# 1-877-372-7233**
Occupational Health & Safety Act O. Regulation 213/91	Contact:	**Ministry of Labour** **Construction Inspection** **Phone # 475-1691**

Note: No buildings or structures may be built over top of any underground power line without express written consent from that authority.

New driveways into building lots can significantly reduce clearances to power and communication cables that were not originally designated for vehicles passing underneath.

You are hereby advised, by way of this notice, that **you are responsible to consult with the above mentioned authorities having jurisdiction in this matter and that you must maintain these minimum requirement clearances,** in addition to any setbacks and clearances which may otherwise be required by zoning and building code regulations.