



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: <u>Town of Laurentian Hills, Building Department</u> <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				
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 <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.			Yes No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			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). 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.			Yes No 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 <i>Building Code Act, 1992</i> .			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 <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.			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.

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 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

Street Name: _____

This area is to show location of the proposed construction and location of existing structures near all property lines this sketch is to be as accurate as possible.

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

LOCATION OF INSTALLATION

Lot # _____ Plan # _____
Township _____
Roll # _____
Address _____

BUILDER

Name _____
Address _____
City _____
Tel _____ Fax _____

INSTALLING CONTRACTOR

Name _____
Address _____
City _____
Tel _____ Fax _____

COMBUSTION APPLIANCES

9.32.3.1.(1)

a) Direct vent (sealed combustion only) _____
b) Positive venting induced draft _____ (except fireplaces)
c) Natural draft, B-Vent or Induced draft fireplace _____
d) Solid fuel (including fireplaces) _____

HEATING SYSTEM

Forced Air _____
Non Forced Air _____
Electric Space Heat _____

HOUSE TYPE 9.32.3.2.(2)

I Type a) or b) appliances, no solid fuel _____
II Type I except with solid fuel (including fireplace) _____
III Any Type c) appliance _____
IV Type I, or II with electric space heat _____
OTHER: Type I, II, or IV no forced air _____

TOTAL VENTILATION CAPACITY 9.32.3.3.(1)

Bsmt & Master Bdrm _____ @ 10 L/S _____ L/S
Other Bedrooms _____ @ 5 L/S _____ L/S
Bathrooms & Kitchen _____ @ 5L/S _____ L/S
Other Rooms _____ @ 5L/S _____ L/S
TOTAL _____ L/S

PRINCIPAL VENTILATION CAPACITY 9.32.3.4.(1)

Master Bedroom _____ @ 15 L/S _____ L/S
Other Bedrooms _____ @ 7.5 L/S _____ L/S
TOTAL _____ L/S

PRINCIPAL EXHAUST FAN CAPACITY

Model: _____ Location _____
_____ L/S _____ Sones _____ HVI

HEAT RECOVERY VENTILATOR

Model: _____
_____ L/S High _____ L/S Low
_____ % Sensible Efficiency @ - 25C _____ HVI

SUPPLEMENTAL VENTILATION CAPACITY

Total Ventilation Capacity _____ L/S
Less Principal Vent. Capacity _____ L/S
Required Supplemental Vent. Cap _____ L/S

SUPPLEMENTAL FANS 9.32.3.5

Location	Model	L/S	Sones	HVI
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SYSTEM DESIGN OPTION

1 Exhaust Only/Forced Air System _____
2 HRV with Exhaust Ducts/Forced Air System _____
3 HRV Simplified Connection to Air System _____
4 HRV - Full Ducting/Not Coupled To Forced Air System _____ Part 6 Design _____

DESIGNER CERTIFICATION

I hereby certify that this ventilation system has been designed in accordance with the Ontario Building Code.

Name _____

Signature _____

HRAI # _____ Date _____