

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act, 1992

PO Box 99, 15 Union Street Berwick, On K0C 1G0 T. 613-984-2821 x 225| F. 613-984-2908 northstormont.ca

For use by Principal Authority						
Application number:		Permit r	Permit number (if different):			
Date received:		Roll nur	mber:			
Application submitted to:						
(Name of municipali	ty, upper-ti	er municipality, bo	ard of health or conservation	n authority)		
A. Project information						
Building number, street name				Unit number	Lot/con.	
Musicianalta	D4-1		Diamanah salah sada			
Municipality	Postal o	code	Plan number/other description			
Project value est. \$			Area of work (m ²)			
B. Purpose of application						
New construction Addition existing but			n/repair I	Demolition	Conditional Permit	
Proposed use of building	Current use		building			
Description of proposed work						
C Applicant Applicant in	Our	.or or	utherized exect of europe			
C. Applicant Applicant is: Last name	First na		Ithorized agent of owner Corporation or partnership			
				•		
Street address				Unit number	Lot/con.	
Municipality	Postal o	code	Province	E-mail		
Wallonpality	i ostai oode		1 10411100	L maii		
Telephone number Fax		ax		Cell number		
D. Owner (if different from applicant) Last name	First na	mo	Corporation or partners	shin		
Last name	FIISUIIa	me	Corporation of partners	sriib		
Street address	<u>I</u>		<u> </u>	Unit number	Lot/con.	
Municipality	Postal code		Province	E-mail		
Telephone number	Fax			Cell number		
	1			1		

E. Builder (optional)								
Last name	First name	Corporation or partnersh	nip (if applicable)					
Street address			Unit number	Lot/con.				
Municipality	Postal code	Province	E-mail					
Wallopality	l dotal oddo	1 TOVIIIOO	L man					
Telephone number	Fax Cell number							
F. Tarion Warranty Corporation (Ontario New Home Warranty Program)								
 i. Is proposed construction for a new hor Plan Act? If no, go to section G. 	Yes	s No						
ii. Is registration required under the Ontar	io New Home Warrar	nties Plan Act?	Yes	s No				
iii. If yes to (ii) provide registration number	(s):							
G. Required Schedules		9 99 8 1 1 2 21 52						
i) Attach Schedule 1 for each individual who rev	•							
ii) Attach Schedule 2 where application is to con	struct on-site, install o	or repair a sewage system.						
H. Completeness and compliance with applicable law								
i) This application meets all the requirements o			Yes	s No				
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).	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</i> , 1992, to be paid when the								
application is made.								
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 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.								
iv) The proposed building, construction or demolition will not contravene any applicable law. Yes No				s No				
I. Declaration of applicant								
(print name)			de	clare that:				
(1								
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.								
2. If the owner is a corporation of partitership, I have the authority to bind the corporation of partitership.								
Date	Signotur	e of applicant		_				
Date	Signature	ε οι αμμιτατιί						

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 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 C1** HVAC - House **Building Structural** House Small Buildings **Building Services** Plumbing - House Large Buildings Detection, Lighting and Power Plumbing - All Buildings Complex Buildings On-site Sewage Systems Fire Protection Description of designer's work **Declaration of Designer** 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.

NOTE:

Date

- 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.

Signature of Designer

Schedule 3: Consent and Acknowledgment

A. Project information					
Building number, street name					
Description of proposed work					
B. Administrative Performance De	posits	(As per Schedule "B" of By-Law No. 42-2019)			
A refundable Administrative Performance Deposit (Deposit) is charged for each Building Permit issued. The amount of the Deposit is based on the construction value of the work. The full amount of the Deposit is refundable if the work is completed with 1 year of the date of permit issuance. Prior to refunding the Deposit, the Applicant/Permit Holder shall obtain a final inspection. The Deposit will be refunded to the					
PERSON indicated below, once the final inspection has passed. An amount equal to twenty-five percent (25%) of the original deposit is retained annually for a Building Permit that has not obtained a PASSED final inspection. Pursuant to Building By-Law 2019-027, additional fees, such as re-inspections, incurred by the Permit Holder may be deducted from the Deposit.					
I hereby acknowledge that I have read and understand that it is responsibility of the Applicant/Permit Holder to notify the township of North Stormont for all required inspections, including the final inspection in order to obtain the Deposit.					
Date	Signature of a	pplicant			
Name of Person to return Deposit to:					
Complete mailing address:					
C. Agent Authorization					
Last name (Agent)	First name (Agent)	Corporation or partnership			
Street address					
City/Town	Postal code	Province			
Telephone number ()	Cell number ()	E-mail			
I,am the registered property owner(s) of the property described in this application (print name of owner)					
form and do hereby authorizeto make applications and amendments on my behalf. (print name of authorized agent)					
It is understood that I/we will abide by all By-Laws of North Stormont Township and that any approvals granted by this application will be carried out in accordance with the municipal requirements.					
Date	Signature of property owner				