

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: _____ (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				
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
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			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> 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. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Designer </p>			

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.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Sewage system installer			
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?			
Yes (Continue to Section C)	No (Continue to Section E)	Installer unknown at time of application (Continue to Section E)	
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	
D. Qualified supervisor information (where answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p>I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;</p> <p><u>OR</u></p> <p>I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.</p> <p>I certify that:</p> <ol style="list-style-type: none"> 1. The information contained in this schedule 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. <p>_____</p> <p style="text-align: center;">Date Signature of applicant</p>			



SITE PLAN DEMOLITION PERMIT ONLY

Please complete drawing below - this is your property. Draw existing structures with their measurements that are to be demolished. Alternatively, an aerial photo can be used with measurements drawn over top using the [County of Renfrew Web Mapping site](#).

Scale is: _____

A large, empty rectangular box with a thick black border, intended for the applicant to draw existing structures to be demolished on their property.

← Street is here →

Comment: _____



DEMOLITION WASTE INFORMATION

***Please read below if you plan to dispose of your demolition waste at
the Township of Whitewater Landfill site***

Demolition waste that is being disposed at the Township of Whitewater Landfill must be free of Hazardous Building Materials. The Township of Whitewater Landfill is not permitted to accept any building materials that contain hazardous waste, including (but not limited to) asbestos, lead, and mercury. For the safety of our staff and the environment, we can not accept any hazardous waste.

In order to confirm that all demolition waste is free of hazardous materials, a “Demolition Level - Designated Substances Survey”, also known as a “Hazardous Building Materials Assessment” must be completed and provided to the Township for review. The report results shall be submitted to the Township for review at least 2 business days prior to presenting at the Landfill for disposal. If hazardous materials are identified, these materials must be disposed of at a disposal Site that is licenced to accept hazardous waste. Documentation from the disposal of those materials at a licenced disposal Site shall be provided to the Township to confirm that all hazardous waste has been properly removed and disposed and not present within material to be disposed of at the Whitewater Landfill.

A demolition level survey must collect and analyze an appropriate number of samples to accurately identify the presence or absence of hazardous building materials. Surveys must be undertaken following the requirements as outlined in the Occupational Health and Safety Act, O Reg. 490/09.

**Ensure you fill out the Whitewater Region Contractor/Third Party
Landfill Disposal form attached to this application.**

Whitewater Region

Contractor / Third Party Landfill Disposal



This form shall be completed and signed by Contractors or Third Party haulers **AND** Property Owners prior to being permitted to deposit waste from a residence or commercial / institutional property, at the Township of Whitewater Region Municipal landfill. This form must be presented when attending the landfill with each load. All payments due to the Township shall be paid by the hauler at the time of disposal.

Section 1 - Property Owner Information

Name _____ Business Name (if applicable) _____

Street Address _____ City _____

Province _____ Postal Code _____

Telephone Number (_____) _____ Email Address _____

Section 2 - Hauler/Contractor Information

Business Name _____ Email Address _____

Contact Name _____ Telephone Number _____

Street Address _____

City _____ Province _____ Postal Code _____

Section 3 - Type of Waste (select all that apply)

Construction (Sorted or Un-sorted)

Demolition (Sorted or Un-sorted) – Accepted only with Demolition Permit and Designated Substance Survey (please attach permit and approval email).

Shingles Drywall Wood Garbage Mattress/Box Spring/Couch

Agricultural Plastic (Baled or Un-baled) Blue Box Recycling

Section 4 - Acknowledgement

The property owner and hauler hereby acknowledge that all waste is **generated from the property listed in Section 1 above and does not contain any hazardous materials**, including but not limited to asbestos, lead, and/or mercury.

Property Owner _____ Signature _____ Date: _____

Hauler _____ Signature _____ Date: _____

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O c.M.56 as amended and will be used to authenticate third-party hauler requests. Inquiries may be directed to the Clerk by telephone at 613-646-2282 ext. 123 or by email at cmiller@whitewaterregion.ca



TOWNSHIP OF WHITEWATER REGION
44 Main Street, PO Box 40
Cobden ON K0J 1K0
P: 613-646-2282
F: 613-646-2283
www.whitewaterregion.ca

Letter of Authorization

To Whom It May Concern:

I, _____ of _____ do hereby permit
(Owner's name) (Owner's Address)

_____ of _____
(Agent's name) (Agent's address)

to act as Authorized Agent in regards to applying for, and receiving of Building Permits for the following project;

(Project Address)

(Owner's signature)

(Agent's signature)

(Date)