



**The Corporation of the
Township of Malahide**

87 John Street, South
Aylmer, ON N5H 2C3
Ph: 519-773-5344 Fax: 519-773-5334

Additional information for permit:

Demolish	<input type="checkbox"/>
Construct	<input type="checkbox"/>
Alter/Repair	<input type="checkbox"/>

Township of Malahide Use Only	
Permit Number:	
Roll Number:	
Date Received: (yyyy/mm/dd)	
Full Address of Project: Civic Address Number & Road Name	

1.Zoning Compliance To obtain property zoning contact Township of Malahide Planning Office				
Property Zoning:			Proposed use of building:	
Building Size	Width	Length	Height	Area
Lot Size	Frontage	Depth	Lot Area	Lot Coverage %
Required Setbacks	Side Yard	Side Yard	Front Yard	Rear Yard
Setbacks Provided	Side Yard	Side Yard	Front Yard	Rear Yard
Is this application conditional on site plan control or zoning amendment? Yes <input type="checkbox"/> No <input type="checkbox"/>				

2.Agricultural		
Minimum Distance Separation:	Yes	No
<u>Non-livestock Related Construction</u>		
Are there any structures capable of housing livestock within 500m (1650 ft) of this proposed structure?		
<u>Livestock Related Construction</u>		
Are there any residential structures within 500m (1650ft) of this proposed structure?		
<i>If yes to either of the above provide Minimum Distance Separation Calculation Form</i>		
Nutrient Management Act:		
<ul style="list-style-type: none"> Is this a new operation creating > 5 N.U.'s? <i>If yes, provide a copy of Nutrient Management Plan</i>		
<ul style="list-style-type: none"> Is this a new operation creating > 150 N.U.'s? 		
<ul style="list-style-type: none"> Is this an expanding operation creating >300 N.U.'s? <i>If yes to either of the above, provide a copy of Provincial Approval</i>		

3. Lot Grading Approval		
	Yes	No
Does the proposed construction include a roofed structure greater than 10 sq. m. (108 sq. ft)?		
Does the proposed construction alter existing lot grading?		
Does the proposed construction alter existing surface drainage on the lot?		
<i>If yes to any of the above, provide a lot grading plan bearing the signature and seal of a Professional Engineer, Landscape Architect, or Ontario Land Surveyor and/or approval from the Township of Malahide Building and Drainage Departments</i>		
4. Conservation Authority		
	Yes	No
Does the proposed construction require Conservation Authority review? <i>If yes, provide a copy of Permit issued</i>		
5.Plans and specifications information		
<p>A completed building permit application, to be accompanied by the following:</p> <ul style="list-style-type: none"> • Copies of approvals from other agencies, i.e. approval of septic field, MTO/County or Township entrance permits and Conservation Authority review • Two sets of drawings to scale, legible and include: <ul style="list-style-type: none"> ○ Site plan, Lot Grading Plan showing ; service locations, driveways and parking areas, lot lines and dimensions, lot grading (geodetic elevations) and drainage arrows, new and existing building sizes and locations, building setbacks, street names, municipal address and north arrow ○ Foundation Plan showing; scale, dimensions, size type and location of all walls and partitions, width locations and lintel sizes for all openings, material specifications or notes ○ Floor Plans showing; scale, dimensions, use of rooms and spaces, size type and location of all walls and partitions, width locations and lintel sizes for all openings, material specifications or notes, location and direction of stairs, references to details ○ Elevations showing; scale, vertical dimensions, grade level, exterior finishes, overhang dimension, roof –shape, slope and finish, references to details ○ Sections and details showing; scale, details of footings foundation, walls, floors and roof, distance from grade to floors roof and underside of footing, material specifications or notes <p>Applications determined to be incomplete will be rejected upon review, and will require to be resubmitted prior to issuance of building permit.</p>		
6.Declaration of applicant		
<p>I, _____ certify that:</p> <p style="text-align: center;">(print name)</p> <ol style="list-style-type: none"> 1. The information contained in this application, attached schedule, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 2. Owner/contractor is required to ensure compliance to all federal, provincial and municipal legislation and or regulations prior to, during and after construction. The Township of Malahide cannot be held liable for any actions by the owner/contractor resulting in; non issuance of a permit, revoking of a permit, legal action and or possible fine. 3. I have authority to bind the corporation or partnership (if applicable). <p>_____</p> <p style="text-align: center;">(Date) (Signature of Applicant)</p> <p><i>Personal Information contained in this form and schedule 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 the Chief Building Official of the municipality to which the application is made.</i></p>		

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.

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):			
(print name)			
<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) d) 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 practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

COMMITMENT TO GENERAL REVIEW BY ARCHITECT AND ENGINEER

PART A – TO BE COMPLETED BY OWNER

Project Description:

Permit Application No.

Address of Project:

Municipality:

WHEREAS the building code requires that the project described above be designed and reviewed during construction or demolition by an architect, a professional engineer or both that are licensed to practice in Ontario, and

WHEREAS Ontario law prohibits the construction or demolition of a building if a permit has not been issued to authorize it, and

WHEREAS architects and engineers are prohibited by law from undertaking general review of construction if a permit has not been issued,

NOW THEREFORE the Owner, who intends to construct or demolish or have the building constructed or demolished, hereby confirms that:

1. The undersigned architect and/or professional engineers have been retained to provide general review of the construction or demolition of the building to determine whether the work is in general conformity with the plans and other documents that form the basis for the issuance of a permit, in accordance with the performance standards of the Ontario Association of Architects (OAA) and/or Professional Engineers Ontario (PEO);
2. All general review reports by the architect and/or professional engineers will be forwarded to the Chief Building Official;
3. Should any retained architect or professional engineer cease to provide general review for any reason during construction or demolition, the Chief Building Official will be notified in writing immediately, and another architect or engineer will be appointed so that general review continues without interruption; and
4. Construction or demolition will only be undertaken if an architect and/or professional engineers are retained to undertake general review, and a permit authorizing the proposed construction or demolition has been issued.

The undersigned hereby certifies that he/she has read and agrees to the above

Owner's Name:

Date:

Owner's Address:

Telephone:

Signature of Owner:
(or authorized agent)

Print Name:

Fax:

Coordinator of the work of all consultants:

Telephone:

Address:

Fax:

PART B – TO BE COMPLETED BY CONSULTANTS

The undersigned architect and/or professional engineers hereby certify that they have been retained to provide general review of the parts of construction or demolition of the building indicated, to determine whether the work is in general conformity with the plans and other documents that form the basis for the issuance of a permit, in accordance with the performance standards of the OAA and/or PEO.

ARCHITECTURAL	STRUCTURAL	MECHANICAL	ELECTRICAL	SITE SERVICES	OTHER: _____
Consultant Name:	Signature:	Signature:	Print Name:	Print Name:	Date:

Telephone:

Address:

ARCHITECTURAL	STRUCTURAL	MECHANICAL	ELECTRICAL	SITE SERVICES	OTHER: _____
Consultant Name:	Signature:	Signature:	Print Name:	Print Name:	Date:

Telephone:

Address:

ARCHITECTURAL	STRUCTURAL	MECHANICAL	ELECTRICAL	SITE SERVICES	OTHER: _____
Consultant Name:	Signature:	Signature:	Print Name:	Print Name:	Date:

Telephone:

Address:

ARCHITECTURAL	STRUCTURAL	MECHANICAL	ELECTRICAL	SITE SERVICES	OTHER: _____
Consultant Name:	Signature:	Signature:	Print Name:	Print Name:	Date:

Telephone:

Address: