

Zoning Compliance Form

Township of Malahide Use Only	
Address of Project:	
Dell Number	
Roll Number:	
Date Received:	

1. Zoning Comp					
			ca, see the Township of Ma	alahide Zonin	g By-law
or contact the Township of Malahide Bu Property Zoning:		Proposed use			
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	
2. Site Plan Cor	ntrol or Zoning A	mendment		Yes	No
Is this application conditional on site plan control or a zoning amendment? If yes, provide confirmation of approval.					
3. Livestock or Non-Livestock Related Construction				Yes	No
Is the proposed construction livestock related?					
If no, move to se	ction 4. If yes, skip	to section 5.			
4. Non-Livestoc	k Related Const	ruction Only		Yes	No
Are there any structu		housing livestock with	hin 750m (2460ft) of this		
	Minimum Distance tion skip to section		ion form and skip to section	6.	
5. Livestock Related Construction Only				Yes	No
Are there any residential structures within 750m (2460ft) of this proposed livestock related structure?					
If yes, provide a	Minimum Distance	Separation II calculat	tion form.		
	construction creatine ater than 5 Nutrie		expanding an existing		
If no, skip to sect	tion 6.		Management Strategy.		
		ng a new operation <u>or</u> I to 300 Nutrient Units	c expanding an existing ?		
If yes, provide a	copy of the OMAF	RA approved Nutrient	Management Strategy and	Plan.	

6. 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?					
If yes to any of the above, provide either a lot grading plan bearing the signature and Professional Engineer, Landscape Architect, or Ontario Land Surveyor <u>or</u> an approve Exemption form from the Township of Malahide Physical Services Department.		ing			
7. Additional Road Entrance	Yes	No			
Does the proposed construction require an additional road entrance?					
If yes, provide a copy of the approved permit from the MTO (Highway #3), County of or the Township of Malahide Physical Services Department in all other cases.	Elgin (Coun	ty Roads)			
8. Conservation Authority	Yes	No			
Does the proposed construction fall within a Conservation Authority regulated area?					
If yes, provide a copy of the Conservation Authority issued permit.					
9. MTO (Ministry of Transportation of Ontario)	Yes	No			
Does the proposed construction fall within the MTO regulated area (Highway #3)?					
If yes, provide a copy of the MTO issued permit.					
10. Municipal Drains	Yes	No			
Is there a municipal drain or natural water course within 45m (148ft) of the subject property?					
If yes, provide drain name:a lot grading plan/site plan.	nd show loc	ation on			
11. Municipal Water/Waste Water	Yes	No			
Are any of the buildings located on the subject property connected to municipal water or waste water?					
If yes, please apply for connection permits through the Township of Malahide Physical Services Department.					
12. Declaration of applicant					
I,	certify that	:			
 (print name) The information contained in this application, attached schedule, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 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. I have authority to bind the corporation or partnership (if applicable). 					
(Date) (Signature of Applicant) 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.					

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 nu			toll number:			
Application submitted to:(Name of municipal	ity, upper-ti	ier municipality, bo	pard of health or conser	rvation authority)		
A. Project information						
Building number, street name				Unit number	Lot/con.	
Municipality	Postal o	code	Plan number/other	r description		
Project value est. \$			Area of work (m ²)			
B. Purpose of application						
New construction Addition existing but		Alteratio	n/repair	Demolition	Conditional Permit	
Proposed use of building		Current use of	fbuilding			
Description of proposed work						
C. Applicant Applicant is:			uthorized agent of ov			
Last name	First na	me	Corporation or par			
Street address				Unit number	Lot/con.	
Municipality	Postal o	code	Province	E-mail		
Telephone number	Fax			Cell number		
D. Owner (if different from applicant)						
Last name	First na	me	Corporation or par	tnership		
Street address			1	Unit number	Lot/con.	
Municipality	Postal o	code	Province	E-mail	1	
Telephone number	Fax			Cell number		

E. Builder (optional)						
Last name	First name	Corporation or partners	ship (if applicable)			
Street address	1		Unit number	Lot/con.		
Municipality	Postal code	Province	E-mail	1		
Telephone number	Fax Cell number					
F. Tarion Warranty Corporation (Ontario	D New Home Warran	ty Program)				
i. Is proposed construction for a new hon <i>Plan Act</i> ? If no, go to section G.	ne as defined in the Ont	ario New Home Warrantie	s Ye	s No		
ii. Is registration required under the Ontai	rio New Home Warrantie	es Plan Act?	Ye	s No		
iii. If yes to (ii) provide registration numbe	r(s):					
G. Required Schedules						
i) Attach Schedule 1 for each individual who re	views and takes respons	sibility for design activities.				
ii) Attach Schedule 2 where application is to cor	struct 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 regulation made under clause 7(1)(c) of the application is made.	r Ye	s No				
ii) This application is accompanied by the plans resolution or regulation made under clause 7	y-law, Ye	s No				
iii) This application is accompanied by the inform law, resolution or regulation made under clau the chief building official to determine whether contravene any applicable law.	nable	s No				
iv) The proposed building, construction or demolition will not contravene any applicable law.			Ye	s No		
I. Declaration of applicant						
			do	clara that:		
Ideclare that: (print name)						
 The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. 						
Date	Signature of	applicant				

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, MSG 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	A. Project Information						
Building number, street name			Unit no.	Lot/con.			
Municipality	Postal code	Plan number/ other descrip	tion				
B. Individual who reviews and takes	s responsibili	ty for design activities					
Name		Firm					
Street address			Unit no.	Lot/con.			
Municipality	Postal code	Province	E-mail				
Telephone number			Cell number				
C. Design activities undertaken by i Division C]	ndividual ide	ntified in Section B. [Bu	ilding Code Tab	le 3.5.2.1. of			
House	HVAC ·		Building St				
Small Buildings		g Services	Plumbing –				
 Large Buildings Complex Buildings 		on, Lighting and Power otection	 Plumbing – On-site Set 	- All Buildings wage Systems			
Description of designer's work		Diection		wage Systems			
D. Declaration of Designer							
		d	clare that (choose	one as appropriate):			
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:							
 The information contained in this schedule is true to the best of my knowledge. 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.