

TOWNSHIP OF DRUMMOND/NORTH ELMSLEY

Demolition Permit

OWNERS RESPONSIBILITIES

1. **Complete a Contractors Waste Site Access Form**
2. **Posting of Permit**

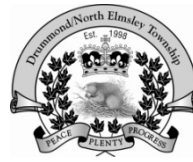
The Building Permit card must be posted so it can be seen from a public right-of-way.

3. **Listing of Inspections**

The owner of the property is responsible to notify the Building Division at least 48 hours in advance of the stages of construction for the necessary inspections. Please contact the Building Department for your inspections at 267-6500 or email cbo@dnetownship.ca

Please be advised as the owner you are responsible for calling for the appropriate inspections. The list on the back of the permit is to be considered but you are responsible for considering the unique elements in your project. A rule of thumb is never cover up work, without an inspection and if a system within the building is completed call for an inspection.

Fee



Township of Drummond/North Elmsley

310 Port Elmsley Road
RR #5, Perth, Ontario K7H 3C7
cbo@dnetownship.ca

Office 613-267-6500
Fax 613-267-2083
Landfill 613-267-6991

Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

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. Applicant

Owner or Authorized agent of owner

Applicant is:

Last name	First name	Corporation or partnership	
Street address	Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	

C. 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 ()	

D. 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 ()	

E. 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		
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 Attachments		
i. Contractor's Waste Site Access Form – when applicable..		
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 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
	<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		
<p>I _____ certify that:</p> <p style="margin-left: 40px;">(print name)</p> <ol style="list-style-type: none"> 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. I have authority to bind the corporation or partnership (if applicable). <p>_____</p> <p style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ _____ </p> <p style="display: flex; justify-content: space-between; margin-top: 5px;"> Date Signature of applicant </p>		

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.



CONTRACTORS WASTE SITE ACCESS FORM

LAND OWNERS INFORMATION

Name _____

Home Phone _____ Work Phone _____ Cell _____

Road Name _____ P.I.N. # _____ Concession _____ Lot _____

CONTRACTORS INFORMATION

Name _____

Phone # _____ Cell _____

DESCRIPTION OF WORK BEING COMPLETED

Date of work to commence _____

Date of work to be completed _____

I, the owner of the identified property, have hired the above noted contractor to complete the described work and therefore request that the Contractor be granted temporary access to the Township Landfill on my behalf.

Signature of Land Owner

Date

NOTE: ACCESS TO THE LANDFILL MAYBE TERMINATED AT THE DISCRETION OF THE LANDFILL ATTENDENT.