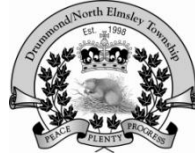


# Commercial Permit

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## 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

### 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 <sup>2</sup> )		

#### B. 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 ( )	

#### 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		
<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		
F. Tarion Warranty Corporation (Ontario New Home Warranty Program)		
<ul style="list-style-type: none"> <li>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.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Is registration required under the <i>Ontario New Home Warranties Plan Act</i>?</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>If yes to (ii) provide registration number(s): _____</li> </ul>		
G. Required Schedules		
i. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities. ii. Attach Schedule 2 (Health Unit Permit) 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 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		
I _____ certify 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. I have authority to bind the corporation or partnership (if applicable).		
_____	_____	
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

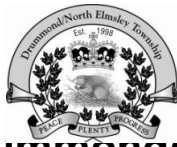
Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

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 2.20.2.1]				
<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				
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p><input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Firm BCIN: _____</p> <p><input type="checkbox"/> I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. of the Building Code.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="padding-left: 40px;">Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have authority to bind the corporation or partnership (if applicable).</li> </ol> <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 100%;"> <span>Date</span> <span>Signature of Designer</span> </p>				

\*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

**NOTE:**

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.



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check box if Plans are submitted.

if Construction Plans are not submitted complete this following form giving applicable

## CONSTRUCTION DETAILS

1. **Construction Type:**

- Frame                       Protected Frame                       Veneer                       Masonry  
 Reinforced Concrete                       Steel                       Other

2. **Soil Type:**

- Rock                       Clay                       Loam                       Other  
Are special foundations required?                       Yes                       No

3. **Foundation:** Wall Thickness \_\_\_\_\_

Type:  Poured  Block  Other (specify) \_\_\_\_\_

4. **Footings:** Size \_\_\_\_\_

5. **Floor:** Load \_\_\_\_\_

6. **Water:**  Well  Other (specify) \_\_\_\_\_

7. **Heating:**  Gas  Oil  Electric  Other (specify) \_\_\_\_\_

8. **Ventilation:**  Required Ventilation Summary has been Submitted – attached; or  N/A

9. **Please indicate the number of new bedrooms and/or water fixtures proposed.**

\_\_\_\_\_ New bedrooms

\_\_\_\_\_ Water fixtures

10. **Septic Approval**  Approval Obtained (See submitted copy of approval)

11. **CSA or other Approval No. on Fuel Burning Application:** \_\_\_\_\_

12. **Chimney**  Existing  New

CSA or other Approval No. on Fuel Burning Appliance: \_\_\_\_\_

**For New Construction Only:**

13. **Parking:**

Number of (outdoor) parking spaces: \_\_\_\_\_

Distance from parking spaces/area to lot lines (viewed from road)

Left Side Yd \_\_\_\_\_ ft.

Right Side Yd \_\_\_\_\_ ft.

Rear Yd \_\_\_\_\_ ft.

Front Yd \_\_\_\_\_ ft.

N/A (no new residential dwelling)

14. **Access:**

Distance from edges of driveway to lot lines

Left Side \_\_\_\_\_ ft. Right Side \_\_\_\_\_ ft.;  N/A (no new residential dwelling)

Entrance approval  Received (copy enclosed)  Pending



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**IMPORTANT: If Site Plan is not included complete this form.....**

### SITE SKETCH/PLAN

1. Dimensions of:  
Proposed Structure: Length \_\_\_\_\_, Width \_\_\_\_\_, Height \_\_\_\_\_, Area Sq. Ft. \_\_\_\_\_  
Deck: Length \_\_\_\_\_, Width \_\_\_\_\_, Height \_\_\_\_\_,  N/A
2. Setbacks From Proposed Structure to Lot Lines:
3. Left Side Yd: \_\_\_\_\_ ft., Right Side Yd: \_\_\_\_\_ ft., Rear Yd: \_\_\_\_\_ ft., Front Yd: \_\_\_\_\_
4. Lot Dimensions:  
Lot Area: \_\_\_\_\_ acres  $\pm$ ; Lot Size \_\_\_\_\_ ft. x \_\_\_\_\_ ft.  $\pm$
5. Is this a Corner Lot?  YES  NO
6. Has this property been designated under the Ontario Heritage Act?  YES  NO

**\*\*Include on site sketch for existing and proposed structures, (as appropriate)\*\*:**

- |                  |   |   |
|------------------|---|---|
| 1) Distances to: | <input type="checkbox"/> all lot lines              | 2) <input type="checkbox"/> road location     |
|                  | <input type="checkbox"/> septic (tank and tile bed) | 3) <input type="checkbox"/> number of storeys |
|                  | <input type="checkbox"/> well                       | 4) <input type="checkbox"/> dimensions        |
|                  |   | 5) <input type="checkbox"/> area (sq. ft.)    |