

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.

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?			
<input type="checkbox"/> Yes (Continue to Section C)		<input type="checkbox"/> No (Continue to Section E)	<input type="checkbox"/> 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><input type="checkbox"/> 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>OR</p> <p><input type="checkbox"/> 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="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

Energy Efficiency Design Summary

(Part 9 Residential)

This form to be completed & signed by the person who reviews and takes responsibility for the energy efficiency design of the project
Information on completing this form is contained on the reverse

For use by Principal Authority

Application No:	Model/Certification Number
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A. Project Information

Building number, street name		Unit number	Lo/Con
Municipality	Postal code	Reg. Plan number / other description	

B. Compliance Option

<input type="checkbox"/> <i>SB-12 Prescriptive</i> [SB-12 - 2.1.1.]	Table:	Package:
<input type="checkbox"/> <i>SB-12 Performance*</i> [SB-12 - 2.1.2.]	* Attach energy performance calculations using an approved software	
<input type="checkbox"/> <i>Energy Star®*</i> [SB-12 - 2.1.3.]	* Attach BOP form. House must be labeled on completion by Energy Star	
<input type="checkbox"/> <i>EnerGuide 80®*</i>	* House must be evaluated by NRCan advisor and meet a rating of 80	

C. Project Design Conditions

Climatic Zone (SB-1):	Heating Equipment Efficiency	Space Heating Fuel Source	
<input type="checkbox"/> Zone 1 (< 5000 degree days)	<input type="checkbox"/> ≥ 90% AFUE	<input type="checkbox"/> Gas	<input type="checkbox"/> Propane
<input type="checkbox"/> Zone 2 (≥ 5000 degree days)	<input type="checkbox"/> ≥ 78% < 90% AFUE	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric
Windows+Skylights+Glass Doors		Other Building Conditions	
Gross Wall Area = m ²	% Windows+ _____ %	<input type="checkbox"/> ICF Basement	<input type="checkbox"/> Walkout Basement
Gross Window+ Area = m ²		<input type="checkbox"/> ICF Above Grade	<input type="checkbox"/> Slab-on-ground
		<input type="checkbox"/> Solid Fuel	<input type="checkbox"/> Log/Post&Beam
		<input type="checkbox"/> Earth Energy	

D. Building Specifications

Building Component	RSI / R values	Building Component	Efficiency Ratings
Thermal Insulation		Windows & Doors ¹	
Ceiling with Attic Space		Windows/Sliding Glass Doors	
Ceiling without Attic Space		Skylights	
Exposed Floor		Mechanicals	
Walls Above Grade		Space Heating Equip. ²	
Basement Walls		HRV Efficiency (%)	
Slab (all >600mm below grade)		DHW Heater (EF)	
Slab (edge only ≤600mm below grade)		NOTES 1. Provide U-Value in W/m ² .K, or ER rating 2. Provide AFUE or indicate if condensing type combined system used	
Slab (all ≤600mm below grade, or heated)			

E. Performance Design Verification [complete applicable sections if SB-12 Performance, Energy Star or EnerGuide80 options used]

SB-12 Performance:
 The annual energy consumption using Subsection 2.1.1. SB-12 Package _____ is _____ Gj (1 Gj = 1000MJ)
 The annual energy consumption of this house as designed is _____ Gj
 The software used to simulate the annual energy use of the building is: _____
 The building is being designed using an air leakage of _____ air changes per hour @50Pa.

Energy Star: BOP form attached. The house will be labeled on completion by:

Energy Star and EnerGuide80:
 Evaluator/Advisor/Rater Name: _____ Evaluator/Advisor/Rater Licence #: _____

F. Declaration [by the person who reviews and takes responsibility for the energy efficiency design]

I certify that I have reviewed the design documents submitted with the permit application, that the information contained on this form is consistent with the design documents, and that information used in any annual energy use calculations, if applicable, is a true representation of the design documents.

Name	Signature	Date:
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Guide to the Energy Efficiency Design Summary Form

The *Energy Efficiency Design Summary* form summarizes the compliance path used by a house designer to comply with energy efficiency requirements of the Ontario Building Code. This form is completed by the person responsible for the energy efficiency design of the project, and must be submitted with the building permit application. The information on this form MUST reflect the drawings and specifications being submitted, or the building permit will be refused. Refer to Supplementary Standard SB-12 for details about building code compliance requirements. Further information about energy efficiency requirements for new buildings is available from the provincial building code website at www.mah.gov.on.ca, or the municipal building department.

Beginning January 1, 2012, a house designer must use one of four energy efficiency compliance options in the building code:

1. Comply with the *SB-12 Prescriptive* design tables,
2. Use the *SB-12 Performance* compliance method, and model the design against the prescriptive standards,
3. Design to *Energy Star* standards, or
4. Evaluate the design according to *EnerGuide* technical procedures and achieve a rating of 80 or more.

COMPLETING THE FORM

B. Compliance Options

Indicate the compliance option being used.

- *SB-12 Prescriptive* requires that the building conforms to a package of thermal insulation, window and mechanical system efficiency requirements set out in Subsection 2.1.1. of SB-12. Energy efficiency design modeling and testing of the building is not required under this option.
- *SB-12 Performance* refers to the alternative method of compliance set out in Subsection 2.1.2. of SB-12. Using this approach the designer must use recognized energy simulation software (HOT2000 V9.34c1.2 or newer), and submit documents which show that the annual energy use of the building is equal to a prescriptive package.
- *Energy Star* houses must be designed to *Energy Star* requirements and be labelled on completion by Enerquality or other agency. The *Energy Star* BOP form must be submitted with the permit documents.
- *EnerGuide80* houses are validated by NRCan authorized energy advisors and must achieve a rating of 80 or more when evaluated in accordance with *EnerGuide* administrative and technical procedures.

C. Project Design Conditions

Climatic Zone: The number of degree days for Ontario cities is contained in Supplementary Standard SB-1

Windows, Skylights and Glass Doors: If the ratio of the total gross area of windows, sidelights, skylights and glass doors to the total gross area of walls is more than 17%, higher efficiency glazing is required. If the ratio is more than 22% the *SB-12 Prescriptive* option may not be used. The total area is the sum of all the structural rough openings. Some exceptions apply. Refer to 2.1.1.1. of SB-12 for further details.

Fuel Source and Heating Equipment Efficiency: The fuel source and efficiency of the proposed heating equipment must be specified in order to determine which *SB-12 Prescriptive* compliance package table applies.

Other Building Conditions: These construction conditions affect *SB-12 Prescriptive* compliance requirements.

D. Building Specifications

Thermal Insulation: Indicate the RSI or R-value being proposed where they apply to the house design. Under the *SB-12 Prescriptive* option, RSI 3.52 wall insulation is permitted in certain conditions where other design elements meet higher standards. Refer to SB-12 for further details.

E. Performance Design Summary

This section is not required to be completed if the *SB-12 Prescriptive* option is being used.

AIRTIGHTNESS REQUIREMENTS FOR NEW HOUSES

All houses must comply with increased air barrier requirements in the building code. Notice of air barrier completion must be provided and an inspection conducted prior to it being covered. A blower door test to verify the air tightness of the house must be conducted during construction if the *NRCan EnerGuide80* option is used, or if the *SB-12 Performance* or *Energy Star* options are used and an air tightness of less than 2.5 ACH @ 50 Pa in the case of detached houses, or 3.0 ACH @ 50 Pa in the case of attached houses is necessary to meet the required energy efficiency standard.

ENERGY EFFICIENCY LABELING FOR NEW HOUSES

Energy Star and *EnerGuide* issue labels for new homes constructed under their energy efficiency programs. The building code does not regulate new home labelling.



COUNTY OF DUFFERIN SEPTIC SYSTEM - DESIGN CRITERIA



Municipality (Town or Township)	Lot	Concession	Plan	Sub Lot
Owner's Name		Installer's Name & Licence #		
Emergency #	Owner's Phone #	Date		

DAILY SEWAGE FLOW

Flow Rate Per Bedroom	1	2	3	4	5	Number of Bedrooms	Total Flow/Litres
	750L	1100L	1600L	2000L	2500L		
	6	7	8	9	10		
	3000L	3500L	4000L	4500L	5000L		
House in Square Meters (to convert ft ² to m ² X .0929) For each 10 m ² (or part thereof) over 200 m ² add 100L							
Total Number of Fixtures (add 50L for each fixture > 20)							
Total Daily Sewage Flow							

TANK DESIGN

2 X Daily Sewage Flow (minimum 3600L)	2 X	=	L
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FOR IN-GROUND & RAISED BED SYSTEMS

Show the Daily Sewage Flow, the Percolation Rate of the Soil, and the Length of Distribution Pipe in Feet or Meters

FOR FILTER BED SYSTEMS OR OTHER SYSTEMS

Show the calculations:

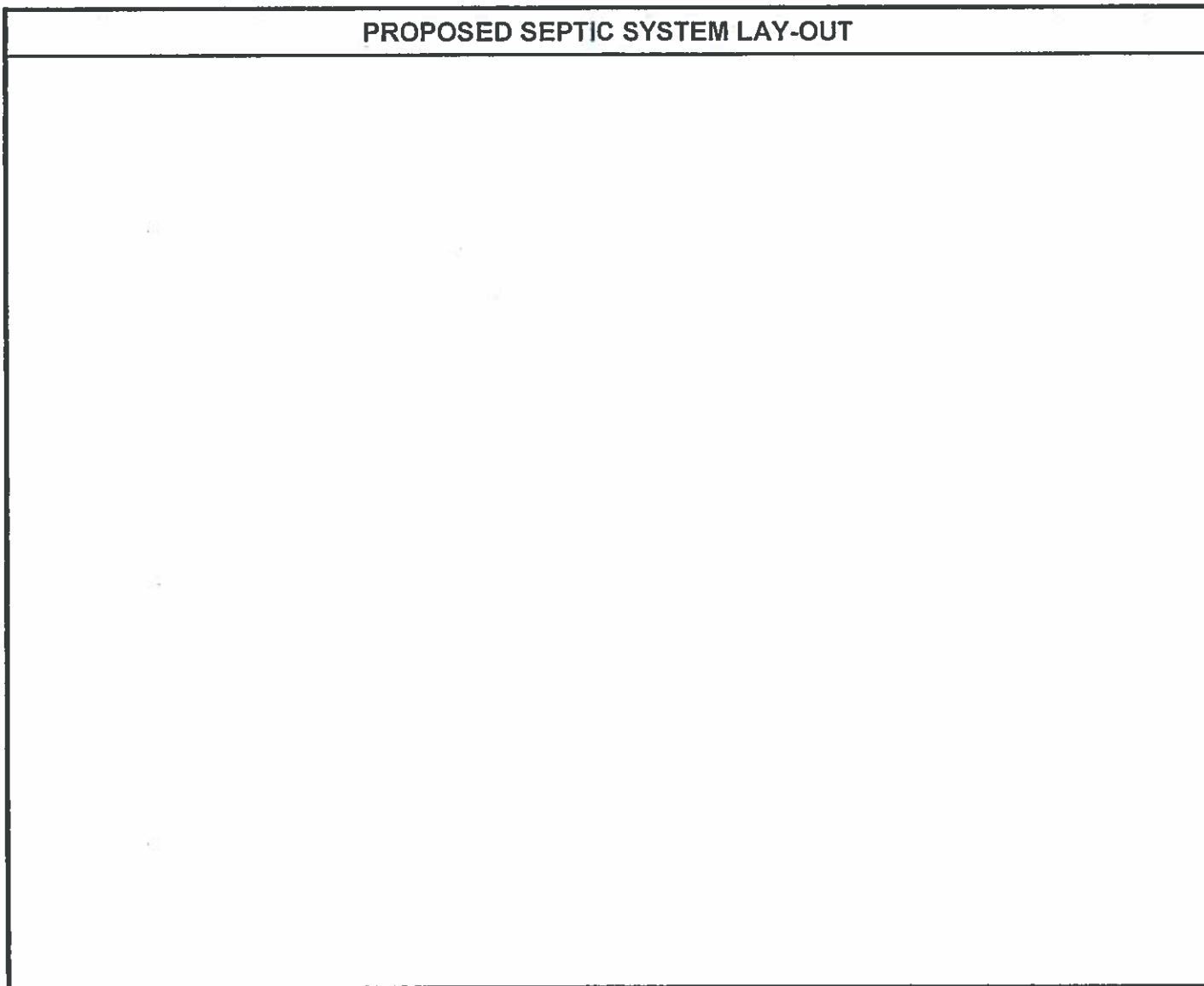
TYPE OF SYSTEM PROPOSED

Tank Capacity _____ Tile Length _____ Fill Depth _____ Fill Area _____ Sewage Envelope _____	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Inground</td> <td><input type="checkbox"/> Base Cut Inspection</td> <td><input type="checkbox"/> Alarm</td> </tr> <tr> <td><input type="checkbox"/> Partially Raised</td> <td><input type="checkbox"/> Mantle Required</td> <td><input type="checkbox"/> Siphon</td> </tr> <tr> <td><input type="checkbox"/> Fully Raised</td> <td><input type="checkbox"/> Pump & Chamber</td> <td><input type="checkbox"/> Treatment Unit</td> </tr> <tr> <td><input type="checkbox"/> Filter Bed</td> <td><input type="checkbox"/> Engineer Inspections</td> <td><input type="checkbox"/> Distribution Box</td> </tr> </table>	<input type="checkbox"/> Inground	<input type="checkbox"/> Base Cut Inspection	<input type="checkbox"/> Alarm	<input type="checkbox"/> Partially Raised	<input type="checkbox"/> Mantle Required	<input type="checkbox"/> Siphon	<input type="checkbox"/> Fully Raised	<input type="checkbox"/> Pump & Chamber	<input type="checkbox"/> Treatment Unit	<input type="checkbox"/> Filter Bed	<input type="checkbox"/> Engineer Inspections	<input type="checkbox"/> Distribution Box
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<input type="checkbox"/> Fully Raised	<input type="checkbox"/> Pump & Chamber	<input type="checkbox"/> Treatment Unit											
<input type="checkbox"/> Filter Bed	<input type="checkbox"/> Engineer Inspections	<input type="checkbox"/> Distribution Box											

FIXTURE LOAD WORK SHEET

Fixture Type	Fixture Unit	Number of Fixtures	Total Fixture Units
Toilet	4		
Bathroom Sink	1.5		
Tub & Shower Combo	1.5		
Tub	1.5		
Shower	1.5		
Laundry Tub	1.5		
Kitchen Sink	1.5		
Garbage Grinder	3		
Bar Sink	1.5		

PROPOSED SEPTIC SYSTEM LAY-OUT





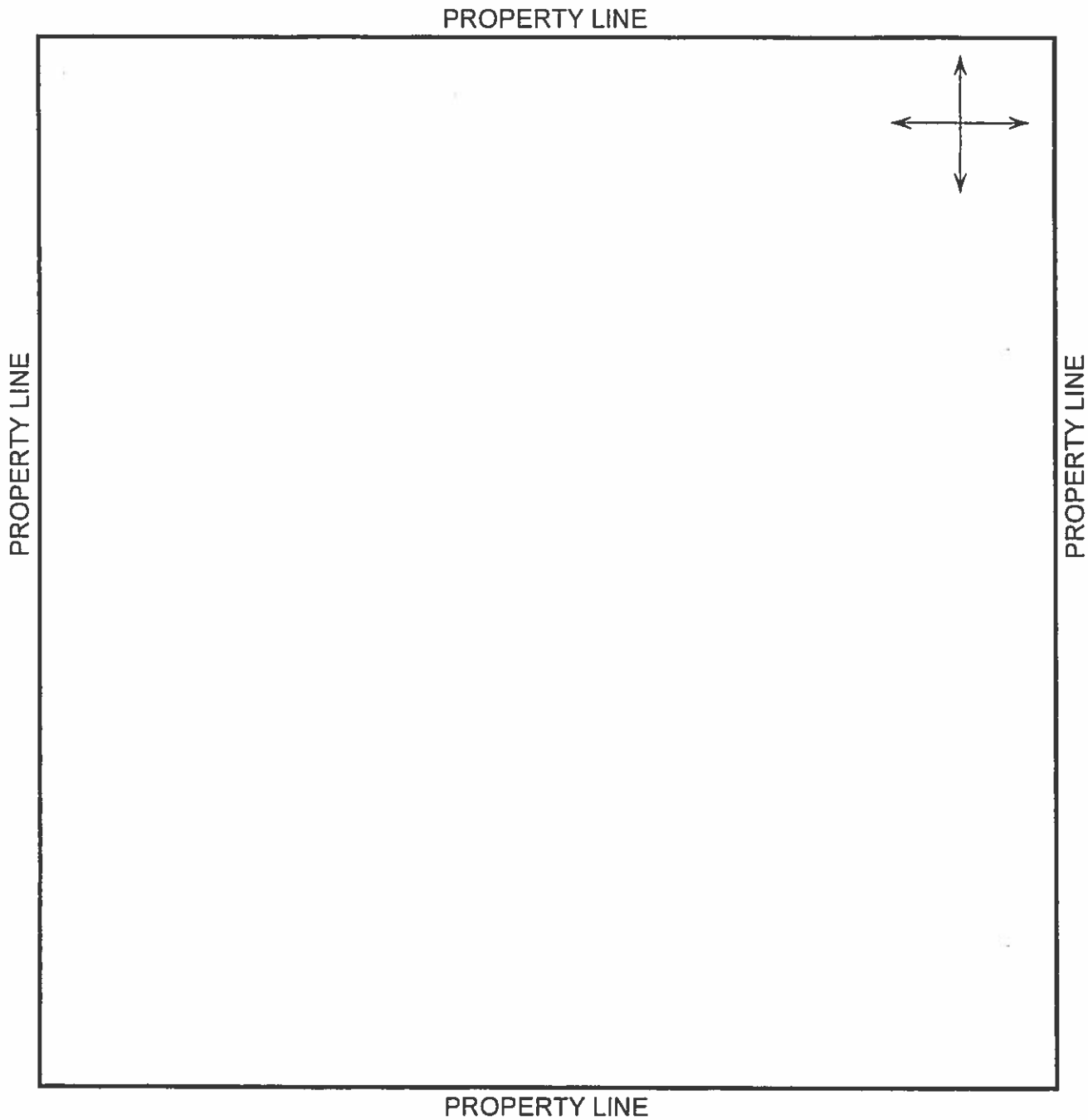
COUNTY OF DUFFERIN - BUILDING DEPARTMENT

SITE PLAN



Owner: _____
 Address: _____

Lot No: _____
 Con/Plan No: _____



Note: 1) Show Entrance Location
 2) Show Existing Buildings on Site

Approved By: _____

Name Owner/Agent: _____

Signature: _____



**COUNTY OF DUFFERIN
BUILDING DEPARTMENT**



AGENT AUTHORIZATION FORM

TOWN or TOWNSHIP: _____

Legal Description: Lot: _____ Plan/Conc: _____

Street Address: _____

The undersigned, registered property owner(s) of the above noted property, do hereby authorize _____, to make applications and amendments to applications on our behalf. It is understood that we will abide by all by-laws and acts of the County of Dufferin and that any approvals granted by this application will be carried out in accordance with the municipal requirements.

Property Owner's Signature: _____

Print Name: _____

Date: _____

Property Owner's Address (if different than property above):

Telephone: _____