



DEMOLITION APPLICATIONS

All applicants shall provide evidence that all water/sewer, electrical and gas utilities have been properly disconnected from all buildings proposed to be demolished.

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

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

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): _____		

Additional Information:

To: Erect Alter Repair Extend Install Demolish
Building is: New Existing No. of Storeys _____ If existing, work will be done on what storeys? _____
Street and Number _____ on the _____ side
Zone _____ Corner Lot _____
Main use - (specify building use and Zoning By-law No.) _____
Proposed use - (specify) _____
Size of Building: W _____ L _____ H _____ Existing: W _____ L _____ H _____
Set back: Side yard _____ Side yard _____ Rear yard _____ Front yard _____
Minimum _____
Soil - type: _____ Are special foundations required? Yes No
Foundation walls - thickness: _____ Poured Blocked Other (specify) _____
Footing size: _____
Plumbing: W.C. Lav. Tubs Other (specify) _____
Heating: Gas Oil Electric Add'l transformer required Other (specify) _____
Ventilation: Number of fans _____ Fan rating _____ CFM
Sewers: Available If not, Septic Tank M.O.H. approved
Surveyor's stakes: Visible Fences - erected for more than ten years Yes No
Brief description of work: (Where application is for demolition also include structural design characteristics of the building and method of demolition) _____

Ontario Heritage Act: Has any property which may be affected by this application been designated under the Act?
Yes No

All statements and representations contained in the attached documents filed in support of this application shall be deemed part of this application for all purposes. Sufficient information shall be submitted with each application to enable the Chief Building Official to determine whether or not the proposed work will conform with the *Building Code Act, 1992* and regulations thereunder and any other applicable law.

G. Attachments

- i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

H. 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			
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 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. 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 authority to bind the corporation or partnership (if applicable).			
_____		_____	
Date		Signature of Designer	

"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*.

Schedule "A" to By-law 28-98

Agreement for the use of a Performance Deposit

I, _____, the applicant for a building permit to _____ a building on Part Lot _____, Concession _____, Plan _____, Sublot _____, hereby agree that as a condition precedent to the validity of any permit issued to me by the Municipality of North Grenville for the said work, and in consideration of the issuance of a permit for me, hereby deposit with the Municipality of North Grenville a performance deposit, in the form of cash/certified cheque/certified letter of authorization, in the amount of \$_____ as security for:

1. Completion of all work authorized and/or required by the said building permit;
2. Completion or repair of any deficiency noted on any Work Order filed in relation to the property;
3. Repair of any damages to municipal property;
4. Payment for cleaning of municipal streets as provided for by the By-Laws of the Municipality as may be required at the discretion of the Manager of Public Works or Road Superintendent (to which exercise of discretion I hereby irrevocably submit)

I further agree and consent to the adoption of such procedures as may be necessary by the Municipality in event of any failure to perform all of my obligations, including unrestricted entry upon my property to complete the said works, repair any damage and/or for cleaning of municipal streets all as set out in the said By-Law of the Municipality.

All expenses incurred by the Municipality while carrying out such procedures and all amounts outstanding thirty (30) days from the date of invoicing with respect to lot grade control charges, shall be deducted from the said performance deposit and the balance, if any, will be refunded to me.

I hereby completely release the Municipality and its agents, employees and workmen from any and all claims for damages or otherwise, which may arise as a result of the procedure herein authorized and taken by them.

DATED AT _____, THIS _____
DAY OF _____, 20_____.

WITNESS

APPLICANT

□ Head Office:
458 Laurier Blvd
Brockville, Ont
K6V 7A3

Tel: (613) 345-5685
Fax: (613) 345-2879



□ 52 Abbott Street N,
Unit 2
Smiths Falls, Ont
K7A 1W3

Tel: (613) 283-2740
Fax: (613) 283-1679

TO ALL APPLICANTS FOR SEWAGE SYSTEM / SITE INSPECTION

This information package is intended to help you make a complete application for a Sewage System OR a Site Inspection.

Please read carefully all instructions before you submit your proposal.

1. Complete the requested information on the application and ensure it is signed by the owner or an approved agent. If an agent is acting on your behalf please enclose a signed letter of authorization.

(NOTE: If you are proposing a Class 5 Holding Tank, the application must include a signed "Pump Out Agreement" with a licensed sewage hauler.)

2. Submit the completed application and the required fee of \$450.00 (no G.S.T.) for a sewage system OR ~~\$600~~ (G.S.T. Included) for a site inspection to the Leeds, Grenville and Lanark District Health Unit.
3. You are required to call a Public Health Inspector to arrange for an inspection at least **five (5)** business days prior to commencement of your sewage system.
4. Ensure you or your representative are on site at the time of the inspection.
6. If you have any questions please contact your area inspector.

Outlined below are the municipalities we serve.

COUNTY	MUNICIPALITIES	OFFICE
LANARK	All Municipalities <u>EXCEPT</u> BATHURST, NORTH BURGESS AND SOUTH SHERBROOKE	Smiths Falls
LEEDS AND GRENVILLE	All Municipalities <u>EXCEPT</u> RIDEAU LAKES TWP.	Brockville

**Leeds, Grenville
and Lanark District
Health Unit**

Amount of Fee Pd: _____ Cheque # _____
 Receipt No.: _____ Date: _____

- Sewage Application
 Site Inspection Application

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 (shaded areas only)	
Application number	Permit number (if different)
Date received	Roll number:

Application submitted to: **LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT**

A. Project Information					
Building number, street name			Unit number	Lot	Con.
Municipality	Ward :	Postal code	Plan number	Sublot or Part lot #:	
Project value est. \$			Area of work (m ²)		
B. 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		
Town/City		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		
Town/City		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		
Town/City		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. Warrant Corporation (Ontario New Home Warranty Program)

- i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G. Yes No
- ii. Is registration required under the *Ontario New Home Warranties Plan Act*? Yes No
- iii. If yes to (ii) provide registration number(s): _____

G. Attachments

- i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

H. Declaration of applicant

I _____ (print name) _____ certify that:

- 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.

DIRECTIONS TO YOUR LOT:

Schedule 1: Designer Information

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

B. Project Information					
Building number, street name				Unit no.	Lot/con.
Municipality	Ward	Postal code	Plan number/ other description		
J. Individual who reviews and takes responsibility for design activities					
Name			Firm		
Street address				Unit no.	Lot/con.
Municipality	Ward	Postal code	Province	E-mail	
Telephone number ()		Fax number ()		Cell number ()	
K. 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					
L. 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 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. 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 authority to bind the corporation or partnership (if applicable).					
Date			Signature of Designer		

"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*.

Schedule 2: Sewage System Installer Information

A. 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 2.18.1.1?			
<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.
Town/City	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><u>OR</u></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. I have authority to bind the corporation or partnership (if applicable). <p style="margin-top: 20px;">Date _____ Signature of applicant _____</p>			

SEWAGE SYSTEM DESIGN CRITERIA

Permit #:

1.

State # of:	Bedrooms/Units/ Sleeping Cabins	People	Floor Area m ²	Fixture Units
Proposed				
Existing (If Applicable)				

2.

Water Supply: <input type="checkbox"/> Proposed or <input type="checkbox"/> Existing <input type="checkbox"/> Dug or bored well <input type="checkbox"/> Drilled Well Casing Depth _____ <input type="checkbox"/> Water Treatment Units <input type="checkbox"/> Other: _____

FIXTURE UNIT COUNT

3. Please complete the following table:

Description of Fixtures	Total #	X (multiply)	Fixture Units	Total
Bathroom group (3 or 4 piece bathroom)		X	6	
Water Closet (tank toilet)		X	4	
Each sink		X	1 ½	
Bathtub or shower		X	1 ½	
Dishwasher		X	½	
Clothes washing machine		X	1 ½	
Single or double laundry tub		X	1 ½	
Other		X		
TOTAL				

4. **Subsurface Soil Condition - To Be completed by Owner/Agent/Designer**

Three test locations are required. Depth in metres to bedrock, watertable and description of soil type are to be shown for each soil profile.

0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	_____ _____ _____ _____ _____
---	---	---	---

DESIGN PERCOLATION RATE.....min/cm Native Soil Imported

The percolation rate shall be determined by either percolation tests (using the highest percolation time from the three tests) or by classifying the soil according to the Unified Soil Classification System.

5.

Leaching Bed Profile	Leaching Bed Design Calculations
Water Table/Bedrock/Impervious Soil	

Working capacity of septic/holding tank <p style="text-align: center;">Litres</p>	Tertiary Treatment if Applicable	Length of distribution pipe <p style="text-align: center;">Metres</p>
--	----------------------------------	--

☐ Head Office:
458 Laurier Blvd
Brockville, On
K6V 7A3

Tel: (613) 345-5685
Fax: (613) 345-2879



☐ 52 Abbott Street N,
Unit 2
Smiths Falls, On
K7A 1W3

Tel: (613) 283-2740
Fax: (613) 283-1679

**AUTHORIZATION FOR AN APPLICATION FOR A SEWAGE
SYSTEM PERMIT BY A PERSON OTHER THAN THE LEGAL
OWNER**

I, _____, being the legal owner of the subject
property described as Lot _____, Concession _____,
Sublot _____, Township of _____, Ward _____
authorize _____ whose mailing address and phone number is

_____ to apply for a Sewage System Permit and the
associated site inspections on my behalf.

Signature of Legal Owner

Declaration Of Applicant For Building Permit
 Regarding The Ontario New Home Warranties Plan Act

1. EVERY APPLICANT MUST COMPLETE BOX A. PLEASE PRINT.

A	
Property Description:	
Lot(s): _____	Permit #: _____
<small>(To be completed by Building Dept.)</small>	
Plan/Concession(s): _____	
Municipal Address(s): _____	
Municipality: _____	

2. COMPLETE BOX B OR C, WHICHEVER IS APPLICABLE

B	
Where applicant is building to sell ("vendor"/"builder") or contracting as a "builder"	
Ontario New Home Warranty Program Reference No.: _____	
Registration Expiry Date: _____	
Enrolment No.(s) (if available): _____	
Position: _____ <i>(If the applicant is a corporation, print position of the representative signing.)</i>	
DECLARATION:	
I, _____ (vendor/builder representative) have read and understood the provisions of Section 8(2) of the Ontario Building Code Act, as well as the relevant provisions of the Ontario New Home Warranties Plan Act, on the reverse side of this statement. I declare the above information to be true and correct.	
Signature of the Vendor/Builder Representative (If the applicant is a corporation, I declare I have the authority to bind the corporation.)	Date

C	
(SEE IMPORTANT INFORMATION ON REVERSE SIDE)	
Where applicant is building to occupy (owner) and is acting as the general contractor	
DECLARATION:	
I, _____ (applicant) have read and understood the provisions of Section 8(2) of the Ontario Building Code Act, as well as the relevant provisions of the Ontario New Home Warranties Plan Act, on the reverse side of this statement. I declare that I am not acting as a "vendor" or "builder", nor am I contracting with a "builder" to construct this "home". I understand this home is not eligible for enrolment or coverage under the Ontario New Home Warranties Plan Act.	
Signature of the Applicant	Date
Current Address	Current Telephone

Please forward to your Regional Office of the Ontario New Home Warranty Program.

Accessible Building Design for Ontarians with Disabilities

The Municipality of North Grenville supports and encourages the improvement of accessibility for persons with disabilities and the elderly, by removing and /or preventing building and land use barriers, which restrict the full participation of those persons in society.

While barrier free design requirements already exist in the Ontario Building Code, the Municipality recognizes that these are minimum standards. Accordingly, North Grenville has prepared its own Accessibility Design Guidelines, which are available at the Planning & Building Department and on the Municipality's website at www.northgrenville.on.ca