

Eligible for CIP Grant

E911 Address Plate



## CITY OF TIMMINS

Building Division  
220 Algonquin Blvd E.  
Timmins, ON, P4N 1B3

### 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: Corporation of the City of Timmins  
(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: <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 ( )	
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)			
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. 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)

- The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_ Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

**I. Documents and approvals required**

Drainage Plan	Drainage Plan	Specs	Prof. Arc/Eng	M.R.C.A.	Health Unit	M.T.O.	Re-Zoning	C/A	Pre-Start Health/Safety	E911 Plate	Fire Marshal	C.W.B.	L.L.C.B.O.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**J. Building**

No. of Rooms \_\_\_\_\_ No. of Dwelling Units \_\_\_\_\_ Heating \_\_\_\_\_  
 Type of Construction: Wood  Masonry  Concrete  Steel  Number of Stories \_\_\_\_\_ Height \_\_\_\_\_  
 Foundations \_\_\_\_\_ Footings \_\_\_\_\_ Posts \_\_\_\_\_

STRUCTURAL	Grade	Material	Size	Span	Spacing	Vapour Barrier: _____
Pre-eng Trusses						Insulation Exposed: Walls _____ Floors _____
Beams						Basement _____ Ceiling _____
Floor Joists						Sheathing: Roof _____
Lintels						Walls _____
Ceiling Joists						Floor _____
Rafters						Type of Roofing _____
Studs (Exterior)						Interior finish _____
						Exterior finish _____

**K. Plumbing**

Plumbing: New  Repair  Alter  Extension  Plumbing System: Sewer  Septic  Water Service: Public  Private   
 Size of sewer \_\_\_\_\_ No. of stacks \_\_\_\_\_ F.D.'s \_\_\_\_\_ R.D.'s \_\_\_\_\_ L.T.'s \_\_\_\_\_ W.C.'s \_\_\_\_\_  
 Bath \_\_\_\_\_ Shower \_\_\_\_\_ Basins \_\_\_\_\_ Sinks \_\_\_\_\_ H.W. Tanks \_\_\_\_\_ Urinals \_\_\_\_\_  
 Bldg sewer \_\_\_\_\_ Washing machine \_\_\_\_\_ Grease/Oil interceptor \_\_\_\_\_ Drinking fountain \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
 Owner/ Plumbing Contraction/ Master Plumber

**L. Zoning**

Front Yard \_\_\_\_\_ Lot Size \_\_\_\_\_ Planning Area \_\_\_\_\_  
 Interior Side Yard \_\_\_\_\_ Lot Area \_\_\_\_\_ By-Law No \_\_\_\_\_  
 Exterior Side Yard \_\_\_\_\_ Total Lot Coverage \_\_\_\_\_ C / A No. \_\_\_\_\_  
 Rear Yard \_\_\_\_\_ Accessory Bldg. Set Back \_\_\_\_\_ As per attached Site Plan   
 Remarks \_\_\_\_\_  
 \_\_\_\_\_ Development Charge \_\_\_\_\_  
 Zoning Approval \_\_\_\_\_ Date \_\_\_\_\_

**M. Engineering Application approval**

Services Required To Be Paid For By Owner: Yes  No  Services Fee \_\_\_\_\_ Water Meter Required Yes  No   
 Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Engineering Approval \_\_\_\_\_ Date \_\_\_\_\_

**N. Application approval**

Building Permit Fee \_\_\_\_\_ Building Permit Fee Waived (CIP Area)  Receipt No. \_\_\_\_\_  
 Application Approval \_\_\_\_\_ Date \_\_\_\_\_  
 for CHIEF BUILDING OFFICIAL

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.

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax number (    )	Cell number (    )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
<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			
<b>D. Declaration of Designer</b>			
I _____ declare that (choose one as appropriate): <div style="text-align: center; margin-left: 100px;">(print name)</div>			
<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 work 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 authority to bind the corporation or partnership (if applicable).			
_____		_____	
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 practice, a limited license to practice, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

## Schedule 2: Sewage System Installer Information

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
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)
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (     )	Fax (     )	Cell number (     )	
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<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> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. I have authority to bind the corporation or partnership (if applicable).</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			