



Township of East Zorra-Tavistock

Box 100 / 90 Loveys Street
Hickson, Ontario N0J 1L0

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Web www.ezt.ca

Phone 519.462.2697
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Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act

FOR OFFICE USE	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: THE TOWNSHIP OF EAST ZORRA – TAVISTOCK

A. Project information				
Civic Address	Zoning	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		
Mailing address	Unit number	Lot/Con.		
Municipality	Postal code	Province	E-mail	
Telephone number ()	Fax ()	Cell number ()		
E. Builder				
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		
a) 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 Building Code Act, 1992, to be paid when the application is made.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) 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 Building Code Act, 1992.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) 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 Building Code Act, 1992 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
d) 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 Township of East Zorra-Tavistock, or,
- b) The inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for The Township of East Zorra-Tavistock, or,
- c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

FOR OFFICE USE ONLY	
BUILDING PERMIT FEES	
BUILDING	\$
OCCUPANCY	\$
PLUMBING	\$
DEPOSITS	\$
DEVELOPMENT CHARGES	\$
OTHER	\$
TOTAL	\$



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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 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:

- *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.
- 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.