



Township of East Zorra-Tavistock

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

Email ezt@twp.ezt.on.ca
Web www.twp.ezt.on.ca

Phone 519.462.2697
Fax 519.462.2961

Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

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

Project Information

Purpose of application					
New construction <input type="checkbox"/> Addition to existing building <input type="checkbox"/> Alteration/Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other <input type="checkbox"/>					
Description of proposed work		Dimensions			
Estimated Value	Zoning	Gross Floor Area	Living Floor Area		
A. Owner Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>					
Last name		First name		Corporation or partnership	
Street/911 address			Unit/ 911 number	Lot/Con.	
Mailing address (if different from above)		Postal code	Province	E-mail	
Telephone number ()		Fax ()		Cell number ()	
B. Contractor Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>					
Last name		First name		Corporation or partnership	
Street address/911 address			Unit number	Lot/con.	
Mailing address (if different from above)		Postal code	Province	E-mail	
Telephone number ()		Fax ()		Cell number ()	

C. Ontario New Home Warranty Program (applicable only if new residential dwelling)

- 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): _____

D. Attachments

- i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
- ii. Refer to sections F through H 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 Township of East Zorra-Tavistock by-law # 15-85.

E. 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.

BUILDING FEES

- Building* \$ _____
- Occupancy* \$ _____
- Plumbing* \$ _____
- Deposits* \$ _____
- Dev. Charge* \$ _____
- Other (911, etc)* \$ _____

TOTAL \$ _____

THIS FORM MUST BE COMPLETED

Contractors must fill out the Sections F,G,H

If owner is contractor check off the 3rd box in Section H

F. 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 ()	
G. 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				
H. 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 (or owner if applicable)		

*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 #2009-18

APPLICATION TO PERMIT AN OUTDOOR SOLID FUEL COMBUSTION APPLIANCE

This form must be completed in addition to the "Application for a Permit to Construct or Demolish" Form. Attach this form and related information to the "Application for a Permit to Construct or Demolish" Form.

Appliance Contractor/Installer

Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Property/Planning Information

Settlement/Rural Cluster Area: _____

Official Plan Designation: _____

Zoning: _____

Lot Size (dimensions, area): _____

Proposed Appliance Installation Information

Dimensions of Proposed Appliance:

Length _____ Width _____ Height _____ Area _____

Number of Appliances to be Installed: _____

Use of Proposed Structure:

- Agricultural Commercial Industrial Residential Other

Setbacks From Proposed Appliance to Lot Lines (Viewed from Road)

Left Side Yard _____ Right Side Yard _____

Rear Yard _____ Front Yard _____

Distance From Proposed Appliance to Other Structures on the Property

Structure	Distance

Distance to nearest neighbouring property restriction(select applicable item):

Settlement Area: _____

Residence: _____

Vacant Residential Lot: _____

Commercial, Industrial, Institutional, Agri-Business Building: _____

REC or OS Zoned Property: _____

Manufacturer Information:

Make/Model: _____

CSA Certifications: _____

Attach a copy of the manufacturer’s installation instructions.

Ground Cover:

Describe the ground cover which will extend at least 3 m (10 ft) around the appliance:

***NOTE:** Applicants are required to submit a site sketch showing all applicable setbacks and distances to other buildings on the site. It is recommended that applicants determine the setback from the nearest neighbour, neighbouring properties and settlement areas. This information can be determined by using the County of Oxford – Online Interactive Maps available at:

<http://maps.county.oxford.on.ca/landplan/>

Office Use Only:

Planning information confirmed Y / N
 On lot setbacks confirmed Y / N
 Setback from nearest neighbour confirmed Y / N
 Appliance information satisfactory Y / N
 Appliance installation instructions attached Y / N

Chief Building Official Review

Approved: YES / NO

Conditions:

Date: _____

Signature: _____

Fire Chief Review

Approved: YES / NO

Conditions:

Date: _____

Signature: _____