



Demolition Permit Guidelines

99 Lone Pine Road, Port Severn, Ontario, L0K 1S0
 Phone: 1-800-567-0187
 web: www.gbtownship.ca

Building Department
 (705) 538-2337 ext. 233
 email: building@gbtownship.ca

Description	Required	Submission Status	Comments	
Permit Fees - Cash, Cheque or Debit, Visa (Online only), e- transfer				
Applicable Law	Ministry of Transportation (<i>MTO</i>)		<input type="checkbox"/>	If Applicable
	Trent Severn Waterway, DFO, MNR (in water work)		<input type="checkbox"/>	If Applicable
Forms	Building Permit Application	✓	<input type="checkbox"/>	
	Letter of Authorization	✓	<input type="checkbox"/>	If applicant is not property owner
Plans	Site Plan <ul style="list-style-type: none"> • Identify all existing structures • Identify what structure is being demolished 	✓	<input type="checkbox"/>	
Fees	Permit Fee: \$100.00 Per Demolition Permit	✓	<input type="checkbox"/>	Required at time of submission

NOTE: Additional information may be required following a full review of the permit application package.

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:

Township of Georgian Bay

(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 Permit construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional				
Proposed use of building	Current use of building			

Description of proposed work

C. Applicant

Applicant 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 ()		

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-



**The Corporation of the
Township of Georgian Bay**

Development Services

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Letter of Authorization

I declare that, _____
(Please Print)

Has permission to act as my agent in the process of obtaining a building permit
from the Township of Georgian Bay to:

Construct _____

Demolish _____

on my property legally know as Lot _____, Con. _____, PT. _____

of Plan _____, **Roll #** _____

Civic address of _____.

Property Owner's Name (Please Print)

Property Owner's Signature