

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)	

Purpose of application

New construction
 Addition to an existing building
 Alteration/repair
 Demolition
 Conditional Permit

Proposed use of building	Current use of building
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Description of proposed work

Applicant is: 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 ()	

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 ()	

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 ()
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): _____				
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) 585-6666.

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 3.5.2.1. of Division C]			
<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 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 submitted this application with the knowledge and consent of the firm.			
_____		_____	
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 practice, 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.



TOWNSHIP OF GEORGIAN BAY

SCHEDULE 3A FEE CALCULATION SEPTIC INFORMATION

This form must be completed in order to calculate permit fees associated with the **PROPOSED** new construction or renovations.

Building Type: _____
(single family dwelling, accessory bldg., dock)

Construction Type: _____
(new construction, renovation, alteration, demolition)

Heating System: Primary: _____ Secondary: _____

Building size-**PROPOSED**:

Basement	Livable space:	sq ft	Storage:	sq ft
Main Floor	Livable space:	sq ft	Storage:	sq ft
2 nd Floor	Livable space:	sq ft	Storage:	sq ft
Garage		sq ft		
Sleeping Cabin		sq ft		sq ft
Storage space		sq ft		
Open deck (s)		sq ft		
Covered Porch		sq ft		
Screen/Muskoka Rm		sq ft		
Boathouse/Boat-port		sq ft		
Dock (s)		sq ft		
Trailer		sq ft		

of bedrooms: _____

of woodstoves/fireplaces : _____ Other: _____

FOR SEPTIC PURPOSES: Total LIVEABLE floor area (all dwellings): _____

Total # bedrooms (all dwellings): _____ Total # Fixture Units (all dwellings): _____

OFFICE USE ONLY

SEPTIC FILE REVIEW

LIVEABLE FLOOR AREA: _____ # BEDROOMS: _____ #FIXTURE UNITS: _____

TYPE OF SEPTIC SYSTEM: _____ SEPTIC SYSTEM REVIEW BY : _____

SEPTIC SYSTEM APPROVED FOR A DAILY DESIGN FLOW OF: _____ L/day



TOWNSHIP OF GEORGIAN BAY

SCHEDULE 3B ZONING INFORMATION

Must be submitted with EACH building permit application for residential lots within the Township of Georgian Bay. Provide information for **EXISTING (Table 1)** and **PROPOSED (table 2)** structures.

TYPE OF EXISTING STRUCTURE	SQ FT (or SQ M) INCLUDE UNENCLOSED DECKS 1 M ABOVE GRADE	NUMBER OF STOREYS	EXISTING# BEDROOMS	EXISTING# FIXTURE UNITS

PROPOSED STRUCTURE	PROPOSED SQ FT (or SQ M) INCLUDE UNENCLOSED DECKS 1 M ABOVE GRADE	PROPOSED NUMBER OF STOREYS	PROPOSED # BEDROOMS	PROPOSED #FIXTURE UNITS

THIS SECTION IS FOR OFFICE USE ONLY

Zoning of Property _____ Size of Property _____

Total Permitted Lot Coverage _____ Existing Lot Coverage _____

Proposed Additional Lot Coverage _____ Permitted Remaining Lot Coverage _____

Gross Floor Area Existing : _____ Gross Floor Area of Proposed: _____

Comments: _____

Zoning Review By: _____ Date: _____



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

OFFICE OF THE CHIEF BUILDING
OFFICIAL

99 Lone Pine Road, Port Severn, Ontario, L0K 1S0
Phone: 1-800-567-0187 Facsimile: (705) 538-1850
web: www.gbtownship.ca

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

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



Township of Georgian Bay

99 Lone Pine Rd, Port Severn, Ontario, L0K 1S0
Phone: 1-800-567-0187 Fax: (705) 538-1850
web: www.township.georgianbay.on.ca

BUILDING DEPARTMENT

(705) 538-2337 ext. 6
email: building@gbtownship.ca

CONTOUR ELEVATION DECLARATION

I _____ certify that:
(print name)

the information contained in this application, attached schedules, attached plans and specifications, and other attached documentation, to the best of my knowledge, complies with the Zoning By-law minimum elevations which require that:

- The minimum opening elevation of a dwelling is 178.33 m Canadian Geodetic Datum for properties abutting Georgian Bay and on Pine Islands and Watchers Islands this elevation shall be 178.8 m Canadian Geodetic Datum; and
- No part of any Class 4 and 5 septic system, excluding collection and transmission components, shall be located lower than 1 metre above the controlled high water mark for properties abutting inland lakes or rivers. On Georgian Bay, the minimum elevation of a septic system shall be 178.33 m Canadian Geodetic Datum. On the Pine Islands and Watchers Islands this elevation shall be 178.8 m Canadian Geodetic Datum.

Date

Signature of applicant

NOTE: *The Chief Building Official may require the submission of a new Plan of Survey prepared, on-site field verified and certified by an Ontario Land Surveyor if the Chief Building Official is of the opinion that the new, expanded and/or replacement building(s), structure(s), and/or septic system(s) being applied for under this building permit application are not in compliance with the Zoning By-law and Ontario Building Code.*

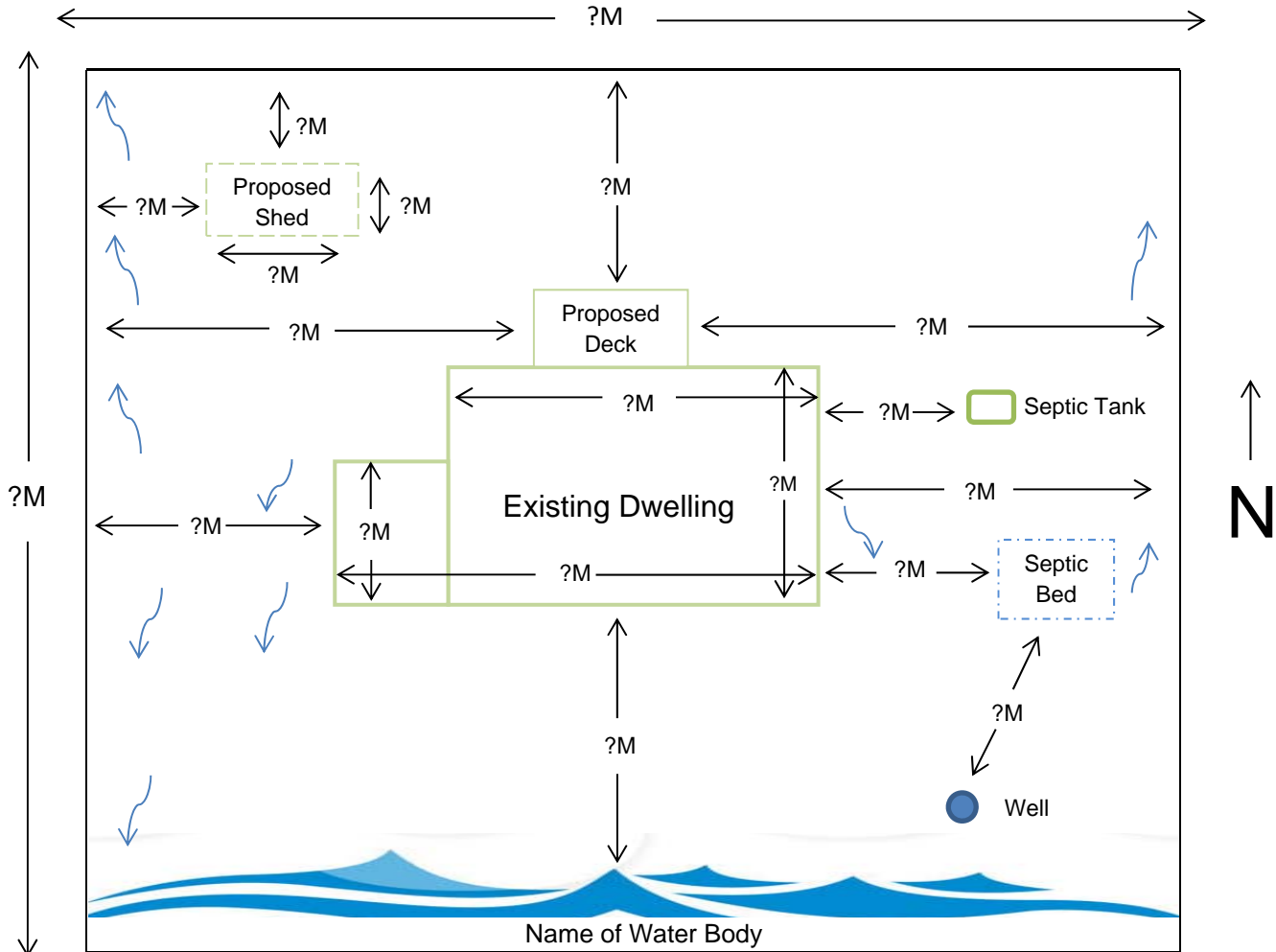
For purposes of these requirements, any reference to a waterfront property, water, water body, or navigable water-body means a property that abut any body of water capable of being navigated by any type of floating vessel for the purpose of transportation, recreation or commerce.



Site Plan Example

Roll Number: _____ Owner's Name: _____

Address: _____ Scale: _____



Site Plan must display:

- All **existing** and **proposed** structure(s)
- Setbacks** from property boundaries to current and/or proposed structure(s); shown in metres OR Feet
- Dimensions** of structures
- Septic system** and **well** (specify if dug or drilled)
 - Setbacks from: septic to *well* and septic to *structures*
- Direction of surface **drainage**
- Driveway (if applicable)
- North arrow
- Name of water body/road