



# Building Permit Guideline

## RESIDENTIAL

99 Lone Pine Road, Port Severn, Ontario, L0K 1S0  
 Phone: 1-800-567-0187  
 web: [www.gbtownship.ca](http://www.gbtownship.ca)

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

Description		Required	Submission Status	Comments	
<b>Zoning Certificate</b> <i>(To be obtained prior to permit submission)</i>		✓	<input type="checkbox"/>	Refer to website for more information	
<b>Permit Fees</b> - Cash, Cheque, Debit, Credit, E-transfer, & online payment available		✓	<input type="checkbox"/>	As per fees & charges By-Law	
<b>Applicable Law</b>	Trent Severn Waterway, DFO, MNR (in water work)		<input type="checkbox"/>	<b>If applicable</b>	
	Ministry of Transportation (MTO)		<input type="checkbox"/>	<b>If applicable</b>	
<b>Forms</b>	Building Permit Application	✓	<input type="checkbox"/>		
	Schedule 1: Designer Information	House	✓	<input type="checkbox"/>	
		HVAC - House	✓	<input type="checkbox"/>	
	Energy Efficiency Design Summary	✓	<input type="checkbox"/>	Refer to Guide	
<b>Plans</b>	Foundation / Pier Plan	✓	<input type="checkbox"/>	Refer to Guide	
	Floor Plan	✓	<input type="checkbox"/>	Refer to Guide	
	Exterior Elevations	✓	<input type="checkbox"/>	Refer to Guide	
	Roof Framing Plan	✓	<input type="checkbox"/>	Refer to Guide	
	Cross Section(s)	✓	<input type="checkbox"/>	Refer to Guide	
	Site Plan	✓	<input type="checkbox"/>	Refer to Guide	
<b>Engineered Products</b>	Engineered Floor Layout	✓	<input type="checkbox"/>	<b>If applicable</b>	
	Engineered Truss Layout - Eng. Sealed	✓	<input type="checkbox"/>	<b>If applicable</b>	
	Engineered Beam Layout	✓	<input type="checkbox"/>	<b>If applicable</b>	
	Alternative Railing/decking - Loading Report +Attachment Drawings/ details CCMC approval when not designed per SB-7		<input type="checkbox"/>	<b>If applicable (prior to inspection)</b>	
	ICF - Insulated Concrete Forms - Table Used CCMC approval & Manufacture details sheet		<input type="checkbox"/>	<b>If applicable</b>	
<b>Misc.</b>	Ventilation Summary, Heat Loss Calculations and Layout	✓	<input type="checkbox"/>	Refer to Guide	
	Plumbing Plan	✓	<input type="checkbox"/>	Refer to Guide	
	Letter of Authorization	✓	<input type="checkbox"/>	<b>If applicant is not property owner</b>	

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

**Has a Pre-Consultation, Minor Variance, or rezoning application been submitted for this property?** (circle applicable answer)

NO or YES

Application number: \_\_\_\_\_

# 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 <sup>2</sup> )	

### B. Purpose of application

<input type="checkbox"/> New Permit construction existing building <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

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 (    )		

### 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 (    )		

<b>E. Builder (optional)</b>			
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 ( )	
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>			
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): _____			
<b>G. Required Schedules</b>			
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.			
<b>H. Completeness and compliance with applicable law</b>			
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
<b>I. Declaration of applicant</b>			
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.

<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):			
(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:**

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 practice, 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.



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

**Development Services**

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**Schedule 3**

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

Construction Type: \_\_\_\_\_  
 (new construction, renovation, alteration, demolition)

Proposed Structure	Building Size – Proposed
Main Floor	sqft
2 <sup>nd</sup> Floor	sqft
Basement	sqft
Open Deck	sqft
Covered Deck/ Muskoka Room / Carport	sqft
Garage	sqft
Sleeping Cabin	sqft
Dock / Boat House	sqft

Provide information for **EXISTING** structures.

ALL EXISTING STRUCTURES ON PROPERTY	SQFT	NUMBER OF STOREYS	NUMBER OF BEDROOMS	FIXTURE UNITS

**THIS SECTION IS FOR OFFICE USE ONLY**

**SEPTIC FILE SEARCH**

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

MOE Approval or Permit Number: \_\_\_\_\_



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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