

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:

City of Cambridge

(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. 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 ()	Business <input type="checkbox"/> Home <input type="checkbox"/>	Fax ()	Cell number ()
C. 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 ()	Business <input type="checkbox"/> Home <input type="checkbox"/>	Fax ()	Cell number ()
D. 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 ()	Business <input type="checkbox"/> Home <input type="checkbox"/>	Fax ()	Cell number ()
E. 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			
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. Attachments			
i. Attach documents establishing compliance with applicable law as set out in Article 1.4.1.3. of Division A. ii. Attach Schedule 1 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 by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.			
H. 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 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..

A. Project Information						
Building number, street name					Unit no.	
Tenant Name (if not owner)					Telephone number ()	
B. Building Information						
Assembly A	Institutional B	Residential C	Business/Personal Services D	Retail E	Industrial F	Other _____
General Description of Building/Suite Use (i.e. Manufacturing, Packaging, Assembly, Office, etc) _____						
Existing Gross Area of Building(s) on Property			sqft	Additional New Floor Area		sqft
Renovation of Existing Floor Area			sqft	Finished Basement Floor Area		sqft
Number of Storeys				Number of New Residential Units		
Has Demolition of Buildings or Structures Occurred on this Property Within the Past Five (5) Years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Services Available to Site: Municipal Water <input type="checkbox"/> Yes <input type="checkbox"/> No Municipal Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No						
C. Work Included With Permit Application						
<input type="checkbox"/> HVAC						
<input type="checkbox"/> Plumbing Plumbers Name _____ <div style="text-align: right; font-size: small;">Plumber must be Licensed with the Ministry of Housing</div>						
<input type="checkbox"/> Site Services Private water supply? (well or cistern) Yes / No Number of Structures, (catchbasin, manhole, meter chamber, interceptor, etc.) _____ Water Service Length _____ ft Plumber Name: _____ Sanitary Sewer/Drain Length _____ ft <div style="text-align: right; font-size: small;">Plumber must be Licensed with the Ministry of Housing</div> Storm Sewer/Drain Length _____ ft Drain Layer Name: _____ Drain Layer Cambridge License Number : _____						
<input type="checkbox"/> Sewage System Number of Bedrooms in Dwelling Unit: _____ Gross Floor Area of Dwelling Unit: _____ sqft						
<input type="checkbox"/> Solid Fuel Burning Appliance (Provide fireplace/wood stove additional information.)						
D. Applicable Law						
Site Plan Approval	<input type="checkbox"/> Application Required	<input type="checkbox"/> Application Submitted	<input type="checkbox"/> Not Required			
G.R.C.A.	<input type="checkbox"/> Required	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Required			
M.T.O.	<input type="checkbox"/> Required	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Required			
Heritage	<input type="checkbox"/> Designated	<input type="checkbox"/> Listed	<input type="checkbox"/> Not Required			
Other:					<input type="checkbox"/> Required	<input type="checkbox"/> Provided
E. Declaration of applicant						
I _____ certify that: (print name)						
3. The information contained in this document is true to the best of my knowledge.						
4. I understand that Development Charges may apply to my Permit Application						
_____			_____			
Date			Signature of applicant			
For Office Use Only						
Core Area	<input type="checkbox"/> No	<input type="checkbox"/> Hespeler	<input type="checkbox"/> Galt	<input type="checkbox"/> Preston		
Additional Notes:						

Personal information contained in this form is collected under the *Building Code Act*, and will be used for the purpose of responding to your application. Questions about the collection of personal information should be directed to the City's Freedom of Information and Privacy Co-ordinator in the Public Access and Council Services Department at 519.740.4680, Ext. 4079

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): <div style="text-align: center; margin-left: 100px;">(print name)</div>			
<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:			
<ol style="list-style-type: none"> 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:

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 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.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Sewage system installer			
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?			
<input type="checkbox"/> Yes (Continue to Section C) <input type="checkbox"/> No (Continue to Section E) <input type="checkbox"/> Installer unknown at time of application (Continue to Section E)			
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()		Cell number ()
D. Qualified supervisor information (where answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p><input type="checkbox"/> I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;</p> <p><u>OR</u></p> <p><input type="checkbox"/> I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2 now that the installer is known.</p> <p>I certify that:</p> <ol style="list-style-type: none"> 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). <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			