

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:		
City of Cambridge			
Application submitted to: _____ (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 / sqft)	
B. 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			
C. 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 ()
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 () Business <input type="checkbox"/> Home <input type="checkbox"/>	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 Business <input type="checkbox"/> Home <input type="checkbox"/> ()		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) 585-6666.

A. Project Information	
Building number, street name	Unit no.
B. Building Information	
CARBON MONOXIDE DETECTOR IS ALWAYS REQUIRED ADJACENT TO EACH SLEEPING AREA OR IN THE SAME ROOM AS THE FUEL-BURNING APPLIANCE	
Room Location of New Appliance	
Have any Alterations Been Done to Seal the House? (i.e. New Windows, Insulation, Vapour Barrier, New Cladding)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Chimney Information (Type)	
New Factory Built (CAN/ULC-S629-M)	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Masonry (Drawings Required, See Inspector)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Masonry Complete with New Liner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Chimney – <i>Pre-Inspection Required</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Wood Burning Stove Information (If Applicable)	
Certified Solid Fuel Burning Appliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uncertified Solid Fuel Burning Appliance – <i>Pre Inspection Required</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Wood Burning Fireplace Information (If Applicable)	
Factory Built Fireplace (CAN/ULC-S610-M)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fireplace Insert (ULC-S628)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heatilator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Masonry Fireplace	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Applicable Law	
Core Area	<input type="checkbox"/> No <input type="checkbox"/> Hespeler <input type="checkbox"/> Galt <input type="checkbox"/> Preston
Heritage	<input type="checkbox"/> Designated <input type="checkbox"/> Listed <input type="checkbox"/> Not Required
Other	<input type="checkbox"/> Required <input type="checkbox"/> Provided
G. Declaration of Applicant	
I _____ certify that the information contained in this document is true to the best of my knowledge.	
_____	_____
Date	Signature of applicant

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