

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.			
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