

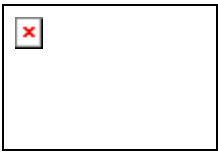
Application for a Permit to Construct or Demolish

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.



CITY OF CAMBRIDGE
Planning Services Department
 50 Dickson Street, 3rd Floor,
 P.O. Box 669,
 Cambridge, Ontario N1R 5W8
 Telephone: 519.740.4613
 TTY: 519.623.6691

Supplemental Permit Information For Demolition Permits

ADDRESS OF BUILDING DEMOLITION: _____ Core Area: Yes No

BUILDING AREA: _____ NO. OF STOREYS: _____

DATE OF DEMOLITION: _____ DATE VACANT: _____

THE OWNER SHALL OBTAIN SIGNED CONFIRMATION THAT THE FOLLOWING HAVE BEEN NOTIFIED:

HYDRO ELECTRIC (1500 Bishop Street) _____ DATE: _____
 Phone: 519.621.3530

PUBLIC WORKS (1310 Bishop Street) _____ DATE: _____
 Phone: 519.621.0740

GRAND RIVER CONSERVATION
 AUTHORITY FLOOD PLAIN (400 Clyde Road): _____ DATE: _____
 Phone: 519.621.2761

UNION GAS (4475 Mainway, Burlington) _____ DATE: _____
 Phone: 866.793.1636 ext. 7320 or 7328
 Fax: 866.263.0581

BELL CANADA (575 Riverbend Drive, Kitchener) _____ DATE: _____
 Phone: 519.744-0405
 Fax: 519.744.3082

ROGERS COMMUNICATIONS PARTNERSHIP (Cable T.V.)
 (85 Grand Crest Place, Kitchener) _____ DATE: _____
 Phone: 519.894.8138
 Fax: 519.893.6463

MINISTRY OF EDUCATION (if applicable) _____ DATE: _____
 Phone: 416.325.2929
 Fax: 416.325.6348

The Owner/Applicant shall bear the full responsibility to ensure all utilities into the above building have been disconnected prior to commencing demolition (minimum of 5 working days' notice).

If any building, to be demolished, is using propane gas (rural areas), the **Owner** shall also contact such company to disconnect tanks.

The following agencies shall be the **Owner's responsibility** to contact prior to commencing demolition:

FIRE DEPARTMENT Phone: 519.621.6001

MINISTRY OF LABOUR Phone: 519.885.3378

NOTICE: DISPOSAL OF DEMOLITION MATERIAL

"All waste materials generated from a demolition site shall be deposited at a waste disposal site certified by the Ministry of Environment & Energy. This does not apply to inert fill, meaning earth, rock or waste of a similar nature, such as broken concrete, cement blocks and bricks, that contain no putrescible, soluble or decomposable materials. The local District Office of the Ministry of Environment & Energy should be advised of sites chosen for disposal of inert fill."

Cambridge District Office, Ministry of Environment & Energy, 1 Stone Road West, Guelph, Ont. N1H 4E0 - 519.826.4255

 SIGNATURE OF OWNER/AUTHORIZED AGENT

 PRINT NAME

Personal information contained on this form is collected pursuant to 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 Division at 519.740.4680, Ext. 4079.