

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: _____ (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. 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 ()	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 ()

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 ()		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.

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):			
(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 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> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

Applicable Law Checklist

Pursuant to Subsection H(iii) of an Application to Construct or Demolish

Town of Oakville – Building Services Department

Application no.	Address	Date
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The following approval processes must be completed if they apply to this project, before a building permit can be issued. This listing is provided for convenience purposes only and does not necessarily describe every approval which may be necessary. For more detailed information about the application of these laws to any project, please contact the listed agency, or refer to the actual text of the legislation. For assistance in completing this form, please contact a Building Services Representative.

Completing this form accurately and providing necessary documents will expedite the issuance of your building permit.



Please check [✓] the items that apply, and attach approval documents where applicable.

LOCAL MUNICIPALITY	▼ FORM OF APPROVAL REQUIRED	DOCUMENTS RECEIVED ▼
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Planning & Zoning

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> MINOR VARIANCE <i>Planning Act s. 45</i>
Where application doesn't comply with all zoning provisions | Final & binding decision by Committee of Adjustment
Contact: Oakville Building Services,
Secretary-Treasurer to the Committee of Adjustment
905-845-6601 ext. 7170, 3281 | _____ |
| <input type="checkbox"/> ZONING BY-LAW AND AMENDMENTS <i>Planning Act s. 34</i>
Where development requires amended zoning by-law | Zoning by-law final & binding
Contact: Oakville Planning Services
905-845-6601 ext. 3917 | _____ |
| <input type="checkbox"/> DIVISION OF LAND <i>Ref. Planning Act Part VI</i>
Where land division required for zoning compliance | Registration of Plan or Deed
Contact: Oakville Building Services
905-845-6601 ext. 7170, 3281 | _____ |
| <input type="checkbox"/> PROVINCIAL ZONING ORDERS <i>Planning Act s. 47</i>
For areas covered by Minister's zoning orders | Approval of the Minister
Contact: MMAH Services Office 1-800-668-0230 | _____ |
| <input type="checkbox"/> SITE PLAN APPROVAL <i>Planning Act s. 41</i>
For development in site plan control areas | Approval of site plans by municipality
Contact: Oakville Planning Services
905-845-6601 ext. 3917 | _____ |
| <input type="checkbox"/> <i>Planning & Development Act</i>
Where Provincial planning control has been applied | Approval of the Minister
Contact: MMAH Services Office 1-800-668-0230 | _____ |

Heritage

HERITAGE PERMITS

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> <i>Ontario Heritage Act s. 30(2), 33, 34</i>
Where property is designated or undergoing designation | Consent of Council to alter or demolish
Contact: Oakville Planning Services,
Heritage 905-845-6601 ext. 3875, 3870 | _____ |
| <input type="checkbox"/> <i>Ontario Heritage Act s. 27</i>
Demolition or removal of building listed in municipal register | Expiration of 60 day notice of intent to Council
Contact: Oakville Planning Services,
Heritage 905-845-6601 ext. 3875, 3870 | _____ |
| <input type="checkbox"/> <i>Ontario Heritage Act s. 42</i>
Where land is in a heritage conservation district | Heritage permit issued by Council
Contact: Oakville Planning Services,
Heritage 905-845-6601 ext. 3875, 3870 | _____ |
| <input type="checkbox"/> <i>Ontario Heritage Act s. 40.1</i>
Property is in heritage conservation study area | Compliance with heritage conservation study by-law
Contact: Oakville Planning Services,
Heritage 905-845-6601 ext. 3875, 3870 | _____ |
| <input type="checkbox"/> <i>Ontario Heritage Act s. 34.5 & 34.7(2)</i>
Where property is designated by Minister of Culture | Consent of Minister to alter or demolish
Contact: MOC Regional Conservation Advisor, 416-314-7136 | _____ |

CONSERVATION AUTHORITY	▼ FORM OF APPROVAL REQUIRED	DOCUMENTS RECEIVED ▼
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Conservation

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> AUTHORITY PERMIT <i>Conservation Authorities Act s. 28</i>
Where construction affects the control of flooding, erosion, dynamic beaches, pollution or conservation of land | Construction & full permit
Contact: Halton Conservation Authority Office 905-336-1158
OR Credit Valley Conservation Authority Office 905-670-1615 | _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|

PROVINCIAL APPLICABLE LAWS

▼ FORM OF APPROVAL REQUIRED

DOCUMENTS RECEIVED ▼

Agriculture & Food

- Nutrient Management Act 2002 s. 11 reg 267/03*
Farm buildings housing animals or animal manure

Ministry of Agriculture & Food

Record of Approval of NMS issued by MAF
Contact: P. Engineer 519-826-6366

- Milk Act s. 14*
Where building used as a milk processing plant

Permit issued by the Director, MAF
Contact: Food Inspection Branch
1-888-466-2372 ext. 6-4180

Child Care Centres

- Day Nurseries Act s. 5 reg 262*
Where building is used for a daycare

Ministry of Children & Youth Services

Ministry plan approval
Contact: Regional Office 905-567-7177

Education

- DEMOLITION OF SCHOOLS
Education Act s. 194
Where a school is proposed to be demolished

Ministry of Education

Minister's approval of demolition
Contact: Architect 416-325-2015

Environment

- Environmental Assessment Act s. 5*
Major industrial or commercial enterprises &
Government projects

Ministry of the Environment

Minister's approval of Terms of reference & EA
Contact: MOE Assessment & Approvals 1-800-461-6290

- BROWNFIELD REDEVELOPMENT
Environmental Protection Act s. 168
Where industrial or commercial property changed
to residential or parkland use

Record of Site Condition filed with MOE
Conformance with Certificate of Property Use
Contact: MOE Central Region 416-326-4840

- FORMER WASTE DISPOSAL SITES
Environmental Protection Act s. 46
Where building on former landfill or waste disposal site

Minister's approval to use the land
Contact: MOE Investigations & Enforcement 416-326-6700

- RENEWABLE ENERGY APPROVAL
Environmental Protection Act s. 47.3
For renewable energy projects that use wind, solar and
bio-energy to generate electricity

Minister's Renewable Energy Approval
Contact: MOE Assessment & Approvals 1-800-461-6290

- SOURCE WATER PROTECTION
Clean Water Act, s.59
Special land use restrictions may apply if a water source
protection plan is in effect in the area where the building
is located.

Risk Management Official Approval
Contact: Region of Halton 311

Highways

- MTO PERMIT *Public Transportation Act s. 34/38*
Where construction is within 45m of a highway, or is
within 800m of highway & will generate major traffic

Ministry of Transportation

Building & Land Use permit issued by MTO
Contact: Regional Office of MTO 416-235-5385

Long Term Care Homes

- Elderly Persons Centres Act s. 6 reg. 314*

Ministry of Health & Long Term Care

Contact: Planning & Renewal Branch 1-877-767-8889

Personal Information on this form is collected and used for the purpose collected under the authority of Municipal Act, as amended. Questions about the collection of personal information should be directed to: Records and Freedom of Information Officer, Clerk's Department, 905-815-6053.



Town of Oakville Building Permit Application Additional Information

Permit # _____ - _____

Project Address _____

This document is a public record. The information on this application and contained in documents required for permit issue and inspection may be divulged to any person upon request under the Municipal Freedom of Information and Protection of Privacy Act, 1989.

Zoning:		Special Provision:		CAV#:		SPCA#:	
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HVAC	Company:						
	Contact:						
	Street:					City:	
	Postal code:			Town of Oakville license #			
	Telephone:				Fax:		

Plumber	Company:						
	Contact:						
	Street:					City:	
	Postal code:			Town of Oakville license #			
	Telephone:				Fax:		

Drain Layer	Company:						
	Contact:						
	Street:					City:	
	Postal code:			Town of Oakville license #			
	Telephone:				Fax:		

Signature _____

Date _____

OFFICE USE ONLY						
Item	rate x area	Total	Paid	Owing	Receipt	
				chq	cash	debit