

Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

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. 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 ()	
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 ()	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 ()	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 *Ontario New Home Warranties Plan Act*? If no, go to section G. Yes No
- ii. Is registration required under the *Ontario New Home Warranties Plan Act*? Yes 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 1.1.3.3.
- 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

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 2.20.2.1]			
<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 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. 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 authority to bind the corporation or partnership (if applicable).			
_____	_____		
Date	Signature of Designer		

*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.



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	

Applicable Law Checklist

Pursuant to Section G 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. 3144, 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. 3031 | _____ |
| <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 Planning Services
905-845-6601 ext. 3144, 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. 3031 | _____ |
| <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 Planner 905-845-6601 ext. 3171 | _____ |
| <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 Planner 905-845-6601 ext. 3171 | _____ |
| <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 Planner 905-845-6601 ext. 3171 | _____ |
| <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 Planner 905-845-6601 ext. 3171 | _____ |
| <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 | _____ |

Fortifications

- | | | |
|--|--|-------|
| <input type="checkbox"/> BUILDING FORTIFICATIONS
Where building is fortified against entry | Compliance with the local fortification by-law
Contact: Oakville By-law Services
By-law Clerk 905-845-6601 ext. 3254 | _____ |
|--|--|-------|

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 & fill permit
Contact: Halton Conservation Authority Office 905-336-1158 | _____ |
|---|--|-------|

PROVINCIAL APPLICABLE LAWS	▼ FORM OF APPROVAL REQUIRED	DOCUMENTS RECEIVED ▼
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Agriculture & Food

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

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

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

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

Charitable Institutions

- Charitable Institutions Act s. 5*
Where building is used for a charitable institution

Ministry of Health & Long Term Care
Minister's approval of construction
Contact: Long-Term Care Planning 1-877-767-8889

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

Funeral Homes

- Funeral Directors and Establishments Act s. 9 reg 469*
Where building houses funeral establishment

Ministry of Consumer & Business Services
Notify Registrar, MCBS
Contact: Board of Funeral Services 1-800-387-4458

Highways

- MTO PERMIT *Public Transportation Act s. 34/38*
Where construction is adjacent to 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

- Nursing Homes Act s. 4, 5 reg. 832*
Homes for the Aged & Rest Homes Act s. 14
Elderly Persons Centres Act s. 6 reg. 314
Construction, alteration or conversion of building used for a nursing home

Ministry of Health & Long Term Care
Minister's approval of construction
Minister's approval of construction
Contact: Planning & Renewal Branch 1-877-767-8889 or MOH & Long Term Care Regional Office

DECLARATION BY APPLICANT	PLEASE CHECK EITHER LINE 1 OR LINE 2 AND 3
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- 1. All applicable law approvals have been completed, and approval documents are attached to this application.
- 2. The proposed construction or demolition requires one or more applicable law approvals that have not yet been completed.
- 3. **I acknowledge that the period within which a permit is issued or refused as set out in OBC Table 2.4.1.1B. shall begin when all applicable law approvals have been completed, and approval documents have been submitted to the Building Services Department, Town of Oakville.**

I have authority to act on behalf of the corporation or partnership with respect to this application (if applicable)

Name:

Signature:

Date: