

Building, Plumbing & Septic Permit Application

A. Time Frame for Building Permit Issuance

This table is for information only to explain the time allowed for review of a building permit application for a permit to be issued or refused.

B. Checklist for Building Permit Applications

Please ensure that the Checklist For Building Permit Applications is reviewed, completed & signed.

C. Application for a Permit to Construct or Demolish

The Application for a Permit to Construct or Demolish must be completed. Also required is a site plan, lot grading plan & two copies of blueprints and/or plans.

D. Schedule 1: Designer Information

Schedule 1 – Designer Information must be completed by every person engaged in the business of providing design activities unless exempt from the requirement under Section. 2.17.4.1 (3).

E. Schedule 2 & 2a: Sewage System Install Permit

This schedule, as well as the Application for a Permit to Construct or Demolish, must be completed to obtain a sewage system permit. Licensed Sewage System Installers must ensure that their registration number is recorded in Section C of Schedule 2.

F. Schedule A: Plumbing Permit Application

This schedule, as well as the Application for a Permit to Construct or Demolish, must be completed to obtain a plumbing permit.

TIME FRAME FOR THE ISSUANCE OF BUILDING PERMITS

A building permit shall be issued in accordance with Table 2.4.1.1B of the Building Code unless:

- (a). the proposed building, construction or demolition will contravene the Building Code Act, the Building Code, or any other applicable law;
- (b). the applicant is a builder or vendor as defined in the Ontario New Home Warranties Plan Act and is not registered under that Act;
- (c). a person who prepared drawings, plans, specifications or other documents or gave an opinion concerning the compliance of the proposed building or construction with the building code does not have the applicable qualifications, if any, set out in the building code or does not have the insurance, if any, required by the building code;
- (d). the plans review certificate, if any, required for the application does not contain the prescribed information;
- (e). the application for the permit is not complete; or
- (f). any fees due have not been paid.

Table 2.4.1.1B

The period within which a building permit shall be issued or refused.

Row Number	Class of Building	Time Period
1	(a). A detached house, semi-detached house, townhouse or row house where no dwelling unit is located above another dwelling unit. (b). A detached structure that serves a building described in Clause (a) and does not exceed 50 m ² in building area. (c). A tent to which Section 3.13 of the building code applies. (d). A sign to which Section 3.14 of the building code applies.	10 days
2	(a). Buildings described in Clauses 2.1.1.3.(1)(a),(b) and (c) (Part 9 buildings) other than buildings described in Column 2 of any of Rows 1 and 4 of this table. (b). Farm buildings that do not exceed 600 m ² in building area.	15 days
3	(a). Buildings described in Clause 2.1.1.2.(1)(a) or (b) (Part 3 buildings), other than buildings in Column 2 of any of Rows 1 and 4 of this table. (b). Farm buildings that do not exceed 600 m ² in building area.	20 days
4	(a) Post-disaster buildings. (b). Buildings to which Subsection 3.2.6. (high buildings and Group B buildings) or any provision in articles 3.2.8.2 to 3.2.8.11 applies.	30 days
Column 1	Column 2	Column 3

The time period above begins on the day on which a permit for the construction of a sewage system serving the building (if required) is issued as per 2.4.1.1B. (9)(c). The period within which a permit for a septic system shall be issued or refused is based on the class of building in the above table as per 2.4.1.1B. (8)(b).

CHECKLIST FOR BUILDING PERMIT APPLICATIONS

To be completed by the Applicant:

(for Single and Semi-detached Dwellings, Additions, Renovations, Accessory Buildings, Garages, Pools, Wood Stoves)

PROJECT ADDRESS		DATE:
Building No.	Street Name:	Unit No.:
PROJECT DESCRIPTION:		

The Applicant must check the following items:

- Is the application for the building permit completed fully and signed?
- Is a plumbing permit required and is Schedule A completed fully and signed?
- For buildings served by existing septic systems, is a septic assessment required? Is a copy of the assessment attached?
- Is a septic permit required and is Schedule 2 and 2a completed fully and signed?
- Are 2 copies of a site plan attached showing lot number, address, building location, setbacks, lot dimensions, septic system, water well, easements and right-of-ways, driveway entrance, utilities, topographical features, etc?
- Are 2 copies of a lot grading plan attached?
- Are 2 copies of the architectural drawings attached?
 - floor plan of each floor
 - finished basement plan if applicable
 - typical wall cross section
 - foundation plan
 - elevations
 - longitudinal cross section, if applicable
- Is designer information, Schedule 1, attached?
 - Foundation type _____ (concrete, masonry, ICF), height _____
 - Height of backfill. _____
 - Depth of existing foundation, if applicable _____
 - Beam and lintel sizes
 - Joist sizes and spans
 - Manufactured floor joist systems, layout and design
 - Roof truss, layout and design
 - Mechanical design, HVAC heat/loss calculations, duct and ventilation design, if applicable
- External approvals attached?
 - Minor variance approval, if applicable
 - Conservation Authority approval, if applicable
 - Entrance permit/curb cut permit, if applicable
 - Community Health Services Department approval, if applicable
- Coverage Calculation
 - Gross floor area above grade including attached garage, porches _____ sq. feet
 - Floor area of detached garage _____ sq. feet
 - Total floor area of additional accessory structures. _____ sq. feet
 - Total of the above areas = _____ sq. feet
 - Lot area = _____ sq. feet
 - Coverage = Total of the above areas / Lot area X 100 = _____ %

Incomplete or missing items may cause delay in the processing of your permit.

APPLICANT'S NAME (Please print):	APPLICANT'S SIGNATURE:

BUILDING INSPECTOR'S COMMENTS	DATE APPLICATION RECEIVED:

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)

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)	

Applicant <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Applicant is:			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	

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 ()	

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 ()	

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	

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): _____

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.

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.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

Project Information			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
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 ()	
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			
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*.

Schedule 2: Sewage System Installer Information

Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
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 2.18.1.1?			
<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)
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 ()	
Qualified supervisor information (where answer to section B is “Yes”)			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
Declaration of Applicant:			
<p>I _____ declare that:</p> <p style="margin-left: 100px;">(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> <ol style="list-style-type: none"> 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). <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Date Signature of applicant </p>			

Residential Septic System Building Permit Application Information

To be completed by Licensed Installer or Owner

Property Location (9-1-1 Address) _____

Date _____

i) Number of bedrooms, all floors, including unfinished bedrooms _____

ii) Total Fixture Units – Use “Total Fixture Unit Count” number from Plumbing Permit Application _____

iii) Total Finished Floor Area – Sum of all floors excluding basement _____m²

iv) Water Supply ____ Private Well _____ Municipal Waterline

Soil Type _____ Depth of Water Table _____

Depth of Clay _____

Class of Sewage System Other Than Class 4

Specify Class: _____

Design: _____

Class 4 Filter Bed

____ Raised
 ____ Partially Raised
 ____ Inground

Class 4 Trench Bed

____ Raised
 ____ Partially Raised
 ____ Inground

Class 4 Treatment Unit

Type _____

 Manufacturer's Information Attached
 ____ Yes ____ No

Tank Size _____ L

Tank Size _____ L

Tank Size _____ L

Bed Size _____ M²

Trench Number _____
 Trench Length _____ M

Please note: A site inspection of a test pit by a County sewage system inspector is required before a septic system building permit may be issued. The applicant must post the attached Lot Identification Card in a visible location close to the test pit on the subject property.

Provide a site plan showing lot number, address, building location, setbacks, lot dimension, septic system layout, water well location, driveway entrance, utilities and topographical features.

Provide diagram of system (including dimensions, cross section & elevation of bed & contact area)

Note: A sewage system permit will be revoked after twelve months if the system has not been completed and approved.

SCHEDULE 'A'

Plumbing Information

Owner Name:	Address of Proposed Work:
Plumber:	Municipality:

Please list the number of fixtures per floor on the following chart.

FLOOR	Basement	1	2	3	4	Total Number	X	Fixture Units	Total Fixture Units
Water closet							X	4	
Bath tub							X	1.5	
Wash basin							X	1.5	
Kitchen sink							X	1.5	
Laundry tubs							X	1.5	
Floor drain							X	2	
Showers							X	1.5	
Urinal							X	1.5	
Clothes washer							X	1.5	
Dish washer – domestic							X	.5	
Other sinks							X	1.5	
Drinking fountain							X	.5	
Hot water heater							X		
Sewage Pump							X		
Grease Interceptor							X		
Other fixtures							X		
TOTAL								Total Fixture Unit Count	

No. of Dwelling Units	R.W.L.	Water Lines
Soil Vent Stacks	Sanitary Lateral	Oil Interceptor
Catch Basin	Storm Lateral	Backflow Preventer
Lawn Sprinkler System		

_____ Signature

_____ Date