

# Township of East Zorra-Tavistock

Box 100 / 90 Loveys Street  
Hickson, Ontario N0J 1L0

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Phone 519.462.2697  
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## Application for a Permit to Construct or Demolish

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

### FOR OFFICE USE

Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: THE TOWNSHIP OF EAST ZORRA – TAVISTOCK

### 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 <sup>2</sup> )	

### B. Applicant

Applicant is:  Owner or  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 Township of East Zorra-Tavistock by-law # 15-85.

**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 Township of East Zorra-Tavistock, or,
- b) The inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for The Township of East Zorra-Tavistock, or,
- c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

**FOR OFFICE USE ONLY**

**BUILDING PERMIT FEE'S**

BUILDING: \$ \_\_\_\_\_

OCCUPANCY: \$ \_\_\_\_\_

PLUMBING: \$ \_\_\_\_\_

DEPOSITS: \$ \_\_\_\_\_

DEVELOPMENT CHARGE: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

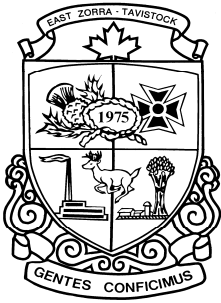
PROPERTY ZONING: \_\_\_\_\_

LIVING FLOOR AREA: \_\_\_\_\_

BLDG DIMENSIONS: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

DATE PERMIT ISSUED: \_\_\_\_\_



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## 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*.