



**CORPORATION OF THE TOWNSHIP OF EAR FALLS**

P. O. Box 309  
Ear Falls, ON P0V 1T0  
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[www.ear-falls.com](http://www.ear-falls.com)

**Additional Information  
For Building  
Permit to Demolish**

*Building Code Act, S.O. 1992, Chapter 23.8-(1). Applicants are required to submit a separate application for each temporary structure, or structure to be constructed or demolished.*

*All construction must conform to the Ontario Building Code, Ontario Regulation 350/06, as amended.*

*A Builders Registration Number is required by the Ontario New Home Warranty Plan Act, S.O. 1980, Chapter 350.6, as amended.*

**Construction must not start until a permit has been issued.**  
*The issuance of a permit does not relieve the applicant from conforming with all applicable regulations and municipal by-laws.*

Permit No.
Property Identifier
Date of Application
<b>APPLICANTS ARE REQUIRED TO COMPLETE ALL PAGES OF THIS APPLICATION</b>

**Owners Info:** Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Street Address of Project Site: \_\_\_\_\_

Legal Address of Project Site (Plan, Lot, Parcel): \_\_\_\_\_

Has Contractor's Information been given in the Provincial Application to Construct or Demolish? Yes  No

If not, then please fill out the following information about the Contractors:

**Contractors Info:** Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Tarion Reg. No. \_\_\_\_\_

Cell (optional): \_\_\_\_\_ Fax: \_\_\_\_\_ Email (optional): \_\_\_\_\_

**A. OTHER REQUIREMENTS**

Please attach proof that the following services have been disconnected:

Required	Proof Attached
<input type="checkbox"/> Electricity	_____
<input type="checkbox"/> Water	_____
<input type="checkbox"/> Sewer	_____
<input type="checkbox"/> Gas	_____
<input type="checkbox"/> Telephone	_____
<input type="checkbox"/> Cable	_____
<input type="checkbox"/> Other	_____

At which landfill location will the construction debris be disposed of? \_\_\_\_\_

How much time do you need to demolish the building? \_\_\_\_\_

**B. PERMISSION FOR AN AGENT TO MAKE APPLICATION**

I, the undersigned .....certify that I have appointed .....to be my agent for the purpose of application for a building permit and that such permission shall not relieve me of any of my responsibility pursuant to the Building Code Act.

Witness ..... Signed .....  
Representative, Township of Ear Falls Owner

Dated at the Township of Ear Falls, Ontario this ..... day of .....20.....

**C. FEES**

**DEMOLITION**

All Demolition ..... \$5.50 per \$1,000.00 \$ .....

**WITHDRAWAL OF APPLICATION**

Withdrawal of Application ..... \$50.00 \$ .....

**TRANSFER OF PERMIT**

Transfer of Permit ..... \$50.00. \$ .....

**MINIMUM PERMIT FEE**

Minimum Permit Fee ..... \$50.00. \$ .....

**TOTAL TO PAY \$ .....**

**D. DECLARATION TO BE FILLED IN BY ALL APPLICANTS**

I, the undersigned, ....., am the  Owner  Authorized Agent of the Owner named in the application herein, and certify the truth of all of the statements or representations contained herein.

I understand that the issuance of a **Building Permit to Demolish** shall not be deemed a waiver of any provisions of any By-Laws or requirements of the **Building Code Act** or any regulations made thereunder, notwithstanding anything included or omitted from the plans or other material filed in support or connection with the application herein.

I acknowledge that in the even a **Building Permit to Demolish** is issued, any departure from plans, specifications or building locations proposed in this application is prohibited, and such could result in the **Building Permit to Demolish** being revoked.

I further acknowledge that in the event that the **Building Permit to Demolish** is revoked for any cause or irregularity or non-conformity with By-Laws or requirements of the **Building Code Act**, or any regulations thereunder, there shall be no right of claim whatsoever against the **Corporation of the Township of Ear Falls** or any official thereof and any such claim is hereby expressly waived.

Dated at the Township of Ear Falls, Ontario this ..... day of ..... 20.....

Witness ..... Signed .....  
Representative, Township of Ear Falls Owner or Authorized Agent of the Owner

**FOR OFFICE USE ONLY**

Approved for Building Permit To Demolish: Date: ..... Reviewed By: .....

Conditions or other Comments: .....