

 <p>CORPORATION OF THE TOWNSHIP OF EAR FALLS 2 Willow Crescent – PO Box 309 Ear Falls, ON P0V 1T0 Phone: 807-222-3624 Fax: 807-222-2384 www.ear-falls.com</p>	APPLICATION	Permit No.
	For a Change of	Property Identifier
	Use Permit	ONHWP Reg. No. *
	<p><i>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.</i></p> <p><i>All construction must conform to the Ontario Building Code, Ontario Regulation 350/06, as amended.</i></p> <p><i>A Builders Registration Number is required by the Ontario New Home Warranty Plan Act, S.O. 1980, Chapter 350.6, as amended.</i></p> <p><i>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</i></p>	Date of Application
APPLICANTS ARE REQUIRED TO COMPLETE ALL PAGES OF THIS APPLICATION		

Owner's Info: Name: _____ Email (optional): _____

Mailing Address: _____

Daytime Telephone: _____ Cell (optional): _____ Fax (optional): _____

Street Address of Project Site: _____

Legal Description of Project Site: _____

Proposed Method of Construction – brief description: _____

Total Estimated Value of Design, Materials and Labor: \$ _____

Contractor's Info: Name _____ Email (optional): _____

Mailing Address: _____

Telephone: _____ Cell (optional): _____ Fax (optional): _____

What is the present use of the building? _____

If it is a retail establishment, what is being sold there? _____

If it is a restaurant, how many people can be seated for meals in the restaurant? _____

If it is a manufacturing operation, what is being manufactured there? _____

What is the Intended Use of the Building? _____

What is the total floor area that is being affected by the Change of Use: _____

What is the total cost of proposed construction (including material, labor, equipment, overhead, professional and related services such as engineer, architect, plumber, electrician etc.)?

\$ _____

Note: Please provide 2 sets of plans and specifications showing current and proposed occupancy of all parts of the building, and which contain sufficient information to establish compliance with the requirements of the Ontario Building Code, including: floor plans; details of wall, ceiling and roof assemblies identifying required fire resistance ratings and load bearing capacities.

**SITE PLAN - IF A SURVEY IS NOT INCLUDED WITH THE PLANS, PLEASE:
SHOW DISTANCES TO ALL LOT LINES AT THE SHORTEST POINTS. PLEASE INDICATE ALL STREETS, LANES AND WATERFRONT AND
SHOW NORTH - DIMENSIONS MUST CONFORM TO THE ZONING BYLAW OR ANY MINOR VARIANCE GRANTED.**

CONSTRUCTION DETAILS

LENGTH: _____ WIDTH: _____ HEIGHT: _____ STOREYS: _____

GROSS FLOOR AREAS PER STOREY:

BASEMENT: _____ FIRST: _____ SECOND: _____ THIRD: _____

METHOD OF HEATING: _____

WOOD BURNING APPLIANCES (CO DETECTOR REQUIRED): Yes / No. If yes, specify details: _____

Please check or circle one:

WATER SUPPLY: Municipal / Private **SEWAGE DISPOSAL:** Municipal / Private

IF A GARAGE: ATTACHED DETACHED IS THE BUILDING: NEW EXISTING

ENTER TOTAL NUMBER OF PLUMBING FIXTURES BEING INSTALLED UNDER THIS PERMIT:

SHOWERS: _____ BATH TUBS: _____ HOT TUBS: _____ WC (TOILETS): _____

LAVATORIES (VANITIES): _____ KITCHEN SINKS: _____ LAUNDRY: _____ FLOOR DRAINS: _____

NOTE: PLEASE AFFIX ALL ATTACHMENTS TO THIS APPLICATION.

IF APPLICABLE - MINOR VARIANCE FILE NUMBER: _____ DATE: _____

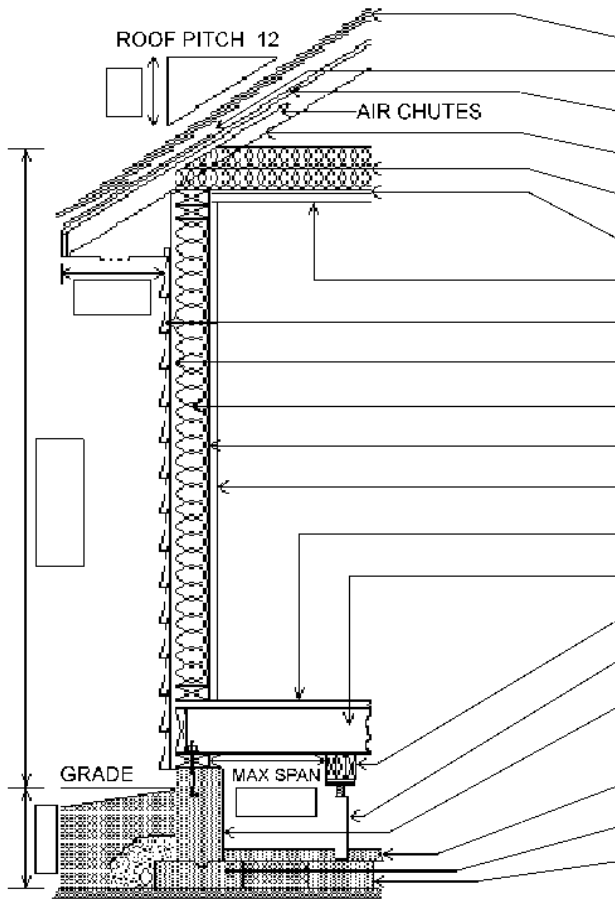
SUMMARY: _____

OTHER PERMITS REQUIRED

SEPTIC SYSTEM M.T.O. ENTRANCE M.T.O. BUILDING M.N.R. MUNICIPAL ENTRANCE

ENCROACHMENT ONTARIO HYDRO SERVICE ELECTRICAL SAFETY AUTH. MOVING

THIS SKETCH MAY BE USED INSTEAD OF PLANS FOR SMALL PROJECTS



ITEM	TYPE	SIZE/SPACING
ROOFING		
EAVES PROTECTION		
ROOF DECK		
TRUSSES		
INSULATION		
VAPOUR BARRIER		
CEILING FINISH		
EXTERIOR FINISH		
SHEATHING		
WALL INSULATION		
FRAMING		
INTERIOR FINISH		
SUB-FLOOR		
FLOOR JOISTS		
FLOOR BEAM		
SUPPORT POSTS		
FOUNDATION WALL		
GRADE BEAM		
FLOOR SLAB		
WALL FOOTING		
COLUMN FOOTING		

CHECK-LIST OF ATTACHMENTS

PLEASE SUBMIT TWO (2) COPIES OF ALL PLANS – ONE COPY WILL BE RETURNED WITH THE PERMIT FOR USE ON SITE DURING CONSTRUCTION – THE SITE SET MUST BE AVAILABLE DURING INSPECTIONS.

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| SITE PLAN: | <input type="checkbox"/> | FLOOR PLANS: | <input type="checkbox"/> |
| FOUNDATION PLAN: | <input type="checkbox"/> | FRAMING PLAN: | <input type="checkbox"/> |
| ROOF PLANS: | <input type="checkbox"/> | REFLECTED CEILING PLANS: | <input type="checkbox"/> |
| SECTIONS & DETAILS: | <input type="checkbox"/> | BUILDING ELEVATIONS: | <input type="checkbox"/> |
| ELECTRICAL DRAWINGS: | <input type="checkbox"/> | PLUMBING DRAWINGS: | <input type="checkbox"/> |
| HEATING, VENTILATION & AIR CONDITIONING DRAWINGS: | <input type="checkbox"/> | | <input type="checkbox"/> |

The Chief Building Official may specify that not all of the above mentioned plans are required to accompany an application for a permit.

ABANDONMENT AND CANCELLATION

A **BUILDING PERMIT** is deemed to have been abandoned and cancelled and the **Chief Building Official** may revoke such permit six months after the date of issue, unless such construction is seriously being proceeded with, or if construction is stopped for over twelve months. Refunds are set out in **Schedule "C" to the Building By-law**.

All of the statements and representations contained in the attached documents filed in support of this application shall be deemed part of this application for all purposes. Sufficient information shall be submitted with the application to enable the **Chief Building Official** to determine whether or not the proposed work will conform to the **Building Code Act** and regulations made thereunder and any other applicable law.

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
Owner

DECLARATION TO BE COMPLETED 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 statements or representations contained herein.

I understand that the issuance of a **Change of Use Permit** 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 event a **Change of Use Permit** is issued, any departure from plans, specifications or building locations proposed in this application is prohibited and such could result in the **Change of Use Permit** being revoked.

I further acknowledge that in the event the **Change of Use Permit** is revoked for any cause or irregularity or non-conformity with By-Laws or requirements of the **Building Code Act**, or any regulations made 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

PERMIT FEES

Change of Use	\$100.00 per Unit	\$
Withdrawal of Permit		\$ 50.00
Transfer of Permit		\$ 50.00
Total Permit Fees		\$

For Office use only

Zone Frontage Front yard Interior side Exterior side

Rear yard Lot area Lot Coverage % Height of Structure

Zoning Conformity: Yes No Use allowed: Yes No Minor variance required: Yes No

O.P.A. required: Yes No Z.B.A. required: Yes No Plans Approved: Yes No

Approved for Permit: Date: Reviewed By:

Conditions or other Comments:

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