

**For Use by Township Staff (Principal Authority)**

Application Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Permit Number (if different): \_\_\_\_\_

Application Submitted to: **Township of West Lincoln**

**A. Project information**

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Plan Number: \_\_\_\_\_  
 Estimated Project Value: \$ \_\_\_\_\_ Area of Work (m<sup>2</sup>): \_\_\_\_\_

**B. Purpose of application**

New Construction     Addition to Existing Building     Alteration / Repair     Demolition     Conditional Permit  
 Proposed Use of Building: \_\_\_\_\_ Current Use of Building: \_\_\_\_\_  
 If house is a model already on file, Model Name: \_\_\_\_\_  reversed     modifications attached  
 Description of Proposed Work: \_\_\_\_\_

**C. Applicant**

Applicant is:  Owner or  Authorized Agent of Owner (if selected complete and attach authorization form)  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Corporation or Partnership: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**D. Owner (if different from applicant)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Corporation or Partnership: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**E. Builder (optional)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Corporation or Partnership: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**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*?  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. Required schedule**

Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

**H. Completeness and compliance with applicable law**

- i. This application meets all the requirements of clauses 1.3.1.3(5)(a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).  Yes  No
- ii. This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992*.  Yes  No
- iii. This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.  Yes  No
- iv. The proposed building, construction or demolition will not contravene any applicable law. (attached)  Yes  No

**I. Declaration of applicant**

I, \_\_\_\_\_ declare that:

- The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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 or 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, 2<sup>nd</sup> Floor. Toronto, M5G 2E5 (416) 585-6666.

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

**A. Project information**

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Plan Number: \_\_\_\_\_

**B. Individual who reviews and takes responsibility for design activities**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**C. Design activities undertaken by individual identified in Section B.** [Building Code Table 3.5.2.1. of Division C]

- |  |  |   |
|--|--|---|
| <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):

- I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes / categories.

Individual BCIN: \_\_\_\_\_

Firm BCIN: \_\_\_\_\_

- I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code.

Individual BCIN: \_\_\_\_\_

Basis for exemption from registration: \_\_\_\_\_

- 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 submitted this application with the knowledge and consent of the firm.

Date: \_\_\_\_\_ Signature of Designer: \_\_\_\_\_

**Note:**

1. For the purpose of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d). of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of license, temporary license, or a certificate of practice, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practice, a limited license to practice, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

**A. Project information**

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Plan Number: \_\_\_\_\_

**B. 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 3.3.1.1. of Division C?

Yes (continue to section C)    No (continue to section E)    Installer unknown at time of application (continue to section E)

**C. Registered installer information (where answer to section B is "YES")**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**D. Qualified supervisor information (where answer to section B is "YES")**

Name of qualified supervisor: \_\_\_\_\_ Building Code Identification Number (BCIN): \_\_\_\_\_

**E. Declaration of Applicant**

I, \_\_\_\_\_ declare that (choose one as appropriate):

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;

**OR**

I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, not that the installer is known.

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date: \_\_\_\_\_ Signature of Designer: \_\_\_\_\_

**A. Project information**

Street Address: \_\_\_\_\_ Unit No.: \_\_\_\_\_ Lot/Con: \_\_\_\_\_

**B. Form of correspondence**

Please select the form in which you wish for the Building & Enforcement Department to correspond with you regarding the following components of the building permit process (please choose only one for each):

Plans Examination Reports (if any):  by mail,  pick up or  digitally – email address:

Issuance of the Building Permit:  by mail,  pick up or  digitally – email address:

Building Inspection reports (prepared digitally):  pick up or  digitally – email address:

**C. Planning information**

Check all that apply to the subject property where construction is proposed:

easement(s) / encumbrance(s)  minor variance  severance  rezoning  designated historic / resource

Lot No.: \_\_\_\_\_ Plan No.: \_\_\_\_\_ Part Lot: \_\_\_\_\_ Concession No.: \_\_\_\_\_  
Reference Plan: \_\_\_\_\_ Lot Area: \_\_\_\_\_ m<sup>2</sup> Lot Frontage: \_\_\_\_\_ m Lot Depth: \_\_\_\_\_ m

Corner Lot:  Yes  No Municipal Services:  sanitary  storm  water Onsite overhead hydro wires:  Yes  No

**D. Building Details – All Buildings**

Please select the applicable Occupancy Type(s), check all that apply:

A – Assembly, Division:  B – Care / Detention, Division:  C - Residential  D – Business / Personal Service  
 E – Mercantile  F – Industrial, Division:

Detail	Existing	New	Total
Number of Suites / Units			
Building Area	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Gross Floor Area	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area to be renovated or altered	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area of Basement	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area of Basement to be finished	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area of Accessory Building	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area of attached / detached deck	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area of deck that is covered by a roof	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Number of Stories Above Grade			
Occupant Load			
Lot Coverage	%	%	%
Number of Seats (Dining / Drinking Establishments)			



Building insulation has been designed to comply with section 5.4.1 of ASHRAE 90.1-2010 as modified by Chapter 2 of OBC SB-10

Yes  No

Building fenestration and doors have been designed to comply with section 5.4.2 of ASHRAE 90.1-2010 as modified by Chapter 2 of OBC SB-10

Yes  No

Building air leakage has been designed to comply with section 5.4.3 of ASHRAE 90.1-2010 as modified by Chapter 2 of OBC S-10

Yes  No

**A. Overall building design requirements**

The building design must comply with the following general requirements. If any of these requirements are not met, the prescriptive path cannot be pursued. Consider the building envelope trade-off compliance or the Energy Cost Budget method described in Chapter 11 or ASHRAE 90.1-2010.

- |   |                |  |
|---|----------------|--|
| Gross Wall Area:  | m <sup>2</sup> |  |
| Vertical Fenestration Area:   | m <sup>2</sup> |  |
| Vertical fenestration area is less than 40% of the gross wall area  |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gross Roof Area:  | m <sup>2</sup> |  |
| Skylight Area:  | m <sup>2</sup> |  |
| Total skylight area does not exceed 5% of the gross roof area   |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total east vertical fenestration area is less than south vertical fenestration area and total west vertical fenestration area is less than south vertical fenestration area |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Exception (from ASHRAE 90.1-2010 Section 5.5.4.5):  |                |  |
| If electric space heating is used, Table SB 5.5.-7 has been used regardless of climatic location  |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| For Climate Zone 5, minimum skylight fenestration area conforms to the requirements of ASHRAE 90.1-2010 5.5.4.2.3   |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Identify SB-10 Table used to calculate maximum U-Factors or minimum RSI-Values:   |                |  |

**Complete the tables on FORM 5.5-2 to show compliance for all envelop components. Attach as many copies of this form as required to ensure that all envelope components are represented**

For all opaque surfaces, compliance must be demonstrated by meeting either:

1. The minimum R-value of insulation added in framing cavities and continuous insulation as specified in Tables SB5.5-5 to SB5.5-7.
2. The maximum U-factor, C-factor, or F-factor for the entire assembly as specified in Tables SB 5.5-5 to SB 5.5-7. U-factor is to be determined from tables in Appendix A of ASHRAE 90.1-2010 or through calculation methods described in ASHRAE 90.1-2010 Appendix Section A9.

For all fenestration products, compliance with U-factors and SHGC must be determined for the overall fenestration product:

1. Fenestration shall have a U-factor and SHGC not greater than those specified in SB-10 Tables SB 5.5-5 to SB 5.5-7.
2. U-factor to be determined through CSA or NFRC rating or by using ASHRAE 90.1-2010 Appendix A default values.



Please complete the following table to include information on all walls, roofs, doors and floors used in the design

**Opaque building envelope components**

Opaque Element Description <sup>(1)</sup>	Space Conditioning Category <sup>(2)</sup>	Class of Construction <sup>(3)</sup>	Criteria Maximum U-Value <sup>(4)</sup> or Minimum RSI-Value	Design U-Value <sup>(4)</sup> or RSI-Value	Area Weighted Average Used <sup>(5)</sup>
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete the following table to include information on all fenestration products used in the design

**Fenestration envelope components**

Element Description <sup>(1)</sup>	Space Conditioning Category <sup>(2)</sup>	Class of Construction <sup>(3)</sup>	Criteria Maximum U-Value <sup>(4)</sup> or Minimum RSI-Value	Design U-Value <sup>(4)</sup> or RSI-Value	Area Weighted Average Used <sup>(5)</sup>
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> NR <input type="checkbox"/> R <input type="checkbox"/> SH				<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: (1) Indicate if element is wall, roof, floor, door, window or skylight and a tag or description (ie. Wall – W1)

(2) Select from Non Residential (NR), Residential (R), or Semi Heated (SH)

(3) Select from the subclasses of roofs, walls, floors, doors and fenestration provided in Tables SB 5.5-5 to SB 5.5-7 (ie. Steel framed for walls). Note that a curtain wall system is considered a steel frame wall

(4) F-factors can be used for floors and C-factors for below grade walls as applicable

(5) Elements of the same type, space category, and class of construction can be averaged using area weighting to show compliance only if U-values are used

Design SHGC may be higher than the criteria if one of the exceptions from ASHRAE 90.1-2010 5.5.4.4.4 is applicable. Please use the space below to identify the fenestration elements (if any) which an exception for SHGC is being claimed:

**SHGC Exceptions**

<b>Fenestration Element</b>	<b>SHGC Exception from ASHRAE 90.1-2010 5.5.4.4.1</b>

**This option may only be pursued if the procedure as described in ASHRAE 90.1-2010 section 5.6 has been modified with the requirements of Chapter 2 of SB-10.**

- |   |                |  |  |
|---|----------------|--|--|
| Calculated EPF <sup>(1)</sup> for proposed building:  | m <sup>2</sup> | Calculated EPF <sup>(1)</sup> for budget building: | m <sup>2</sup>   |
| Envelope Performance Factor (EPF <sup>(1)</sup> ) for proposed building is less than or equal to the Envelope Performance Factor of the budget building |                |  |  |
|   |                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The envelope performance factor considers only the building envelope components   |                |  |  |
|   |                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Schedules of operation, lighting power, equipment power, occupant density, and mechanical systems are the same in both the proposed and budget building |                |  |  |
|   |                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Calculations from ASHRAE 90.1-2010 Appendix C have been attached, including the modifications from SB-10  |                |  |  |
|   |                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**OR**

A software program<sup>(1)</sup> incorporating the requirements of ASHRAE 90.1-2010 as modified by SB-10 has been used to calculate the EPF. A report from the software is attached.

Name of Software:  Yes  No

Note: (1) Envelope Performance Factor must be calculated by a software program which includes the requirements of ASHRAE 90.1-2010 as modified by SB-10

**If simplified HVAC method is used complete this form below, otherwise use form 6.4.**

	Number of stories:	Gross floor area of building:	m <sup>2</sup>
6.3.1	The building is 2 stories or less in height and has a gross floor area less than 2,323m <sup>2</sup>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2	All of the requirements in Section 6.3 as outlined below must be met by each HVAC system in the facility		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.a	System serves a single HVAC zone		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.b	The equipment meets the variable flow requirements of Section 6.4.3.10		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.c	If cooling is installed, it is provided by a unitary package or split-system air conditioner that is either air-cooled or evaporatively cooled and meets the efficiency requirements shown in Tables 6.8.1A, 6.8.1B and 6.8.1D		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.d	The system has an air economizer with outside airflow capacity and controls as required per Section 6.5.1, unless exempt		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.e	Heating is provided by a unitary packaged or split-system heat pump, a fuel-fired furnace, an electric resistance heater or a baseboard system connected to a boiler. All heating equipment meets the efficiency requirements shown in Tables 6.8.1, 6.8.1D and 6.8.1F		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.f	System meets the exhaust air energy recovery requirements of Section 6.5.6.1, unless exempt.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.g	The system is controlled by a manual changeover or dual set point thermostat		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.h	Heat pumps equipped with auxiliary internal electric resistance heaters (if any) have controls to prevent supplemental heater operation when the heating load can be met by the heat pump alone		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.i	The system controls do not permit reheat or any other form of simultaneous heating and cooling for humidity control		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.j	Systems are provided with a time switch that (1) can start and stop the system under different schedules for seven different day types per week; (2) is capable of retaining programming and time setting during a loss of power for a period of at least 10 hours; (3) includes an accessible manual override that allows temporary operation of the system for up to 2 hours; (4) is capable of temperature setback down to 13°C during off hours; and (5) is capable of temperature setup to 32°C during off hours unless exempt		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.k	Piping is insulated in accordance with values given in Tables 6.8.3A and 6.8.3B and sealed in accordance with Section 6.4.4.2.1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.l	Ductwork and plenums are insulated in accordance with Tables 6.8.2A and 6.8.2B and sealed in accordance with Section 6.4.4.2.1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.m	specifications call for ducted air systems to be balanced		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.n	Outdoor air intake an exhaust systems meet the controls requirements of Section 6.4.3.4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.o	Where separate heating and cooling equipment serve the same temperature zone, thermostats are interlocked to prevent simultaneous heating and cooling		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.p	Systems with a design supply air capacity greater than 5,000 L/s have optimum start controls		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.3.2.q	In spaces larger than 50m <sup>2</sup> and with design occupancy of more than 40 people per 100m <sup>2</sup> , the system complies with the demand control ventilation requirements in Section 6.4.3.9, unless exempt		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**6.4 Mandatory Provisions - Complete only if simplified HVAC method is NOT used**

- |         |   |   |
|---------|---|---|
| 6.4.1   | Equipment shown in Tables 6.8.1 K meets minimum performance at the specified rating conditions in accordance with the test procedures in the tables or those in SB-10 Chapter 2 – Table 6.4.1.A.2 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.4.2.1 | Load calculations for heating and cooling systems are done as per ASHRAE Standard 183-2007 for selection of all equipment and systems   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.4.2.2 | Pressure drop through each device and pipe segment is the critical circuit at design conditions has been calculated in accordance with generally accepted engineering standards and handbooks     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.4.3   | Mandatory controls requirements are met by all the equipment in the building as outlined in Section 6.4.3   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.4.4.1 | Ductwork, piping, and equipment insulation meets the requirements of Section 6.4.4.1  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.4.4.2 | Construction documents specify sealing and pressure testing of ductworks and plenums as per Section 6.4.4.2   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**6.5 Prescriptive Provisions - Complete if NOT using Energy Cost Budget Method**

- |           |  |   |
|-----------|--|---|
| 6.5.1     | Each cooling system that has a fan employs either airside or waterside economizer unless exempt  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.5.1.1   | Airside economizers are capable of modulating outdoor air dampers to provide up to 100% design airflow for cooling and the system provides relief capacity for such airflow                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.5.1.2.1 | Waterside economizers are capable of cooling supply air up to 100% of the expected system cooling load at the conditions listed under Section 6.5.1.2.1  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.5.1.2.2 | Waterside economizer systems with pressure drop greater than 45kPa are isolated from main cooling loop to reduce pumping input in the normal cooling mode  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.5.1.3   | Economizer systems are capable of providing cooling even when additional mechanical cooling is required to meet the cooling load   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.5.2     | Simultaneous heating and cooling is limited with compliant zone, hydronic system, dehumidification, and humidification controls as per Section 6.5.2   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.5.3     | Variable air volume (VAV) fan controls comply with the requirements of 6.5.3.2 and 6.5.3.3   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.5.3.1   | Fan systems exceeding 4kW nameplate power meet prescriptive fan power limitations as per Table 6.5.3.1.1A and Section 6.5.3.1.2  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.5.4.1   | Pumping systems greater than 7.5 kW employ complaint variable flow controls, unless exempt   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.5.4.2   | Chilled water plants with more than one chiller and boiler plants with more than one boiler reduce loop water flow automatically whenever a chiller or boiler is shut down                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.5.4.3   | Hydronic systems exceeding design capacity of 88 kW include controls to reset supply water temperature based on building loads or outdoor air temperature  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6.5.4.4   | Hydronic heat pumps and unitary air conditioners include automatic water shutoff when the compressor is off and those having total pump system power greater than 3.7 kW have variable speed control | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

- 6.5.4.5 Chilled water and condenser water pipe is sized according to Table 6.5.4.5  Yes  No  N/A
- 6.5.5 All heat rejection equipment with fan motors  $\geq 5.6\text{kW}$  employs variable speed controls that comply with subsection 6.5.5.2  Yes  No  N/A
- 6.5.6.1 Exhaust air energy recovery is provided for fan systems meeting the conditions listed on Table 6.5.6.1. Energy recover is at least 50% effective and bypass is available to permit air economizer operation as per Section 6.5.1.1  Yes  No  N/A
- 6.5.6.2 Condenser heat recovery system for heating or preheating hot water is provided, unless exempt  Yes  No  N/A
- 6.5.7.1 Kitchen exhaust systems are designed as per Section 6.5.7.1  Yes  No  N/A
- 6.5.7.1.5 Specifications call for performance testing of kitchen exhaust systems  Yes  No  N/A
- 6.5.7.2 Laboratory fume hoods with a total exhaust system flow  $> 2,360\text{ L/S}$  comply with the variable air volume control requirements of 6.5.7.2  Yes  No  N/A
- 6.5.8.1 Heating or unenclosed spaces is done by radiant heating, except loading docks with air curtains  Yes  No  N/A
- 6.5.9 Cooling equipment with hot-gas by-pass controls is designed with multiple steps of unloading or continuous capacity modulation, unless exempt as indicated in Table 6.5.9  Yes  No  N/A

- 7.4.1 Load calculations for heating and cooling systems are done in accordance with manufacturer's published sizing guidelines or generally accepted engineering standards and handbooks for selection of all equipment and systems.  Yes  No  N/A
- 7.4.2 Equipment used solely for heating potable water, pool heaters, and hot water storage tanks meets or exceeds the efficiency requirements of Table 7.8.  
▪ Exception: equipment not listed on Table 7.8  Yes  No  N/A
- 7.4.3 The following service hot water piping is insulated to levels shown in Table 6.8.3:
- a. Recirculating system piping, including piping of a circulating tank type water heater
  - b. The first 2.4m of outlet piping for a constant temperature non-recirculating storage system
  - c. Inlet pipe between storage tank and heat trap in non-recirculating storage system
  - d. Pipes that are extremely heated (eg. Heat tracing)  Yes  No  N/A
- 7.4.4.1 All water heating systems have temperature controls that are adjustable down to 49°C or lower  
▪ Exception: Equipment that must be protected from corrosion, as per manufacturer's installation instructions  Yes  No  N/A
- 7.4.4.2 Systems designed with pipe heating systems such as heat trace have temperature or time controls to disable during extended periods without hot water demand  Yes  No  N/A
- 7.4.4.3 Public lavatories have outlet temperature controls that limit the discharge temperature to 43°C  Yes  No  N/A
- 7.4.4.4 Tanks with remote heaters have circulation pump controls to limit operation of circulation pumps to a maximum of five minutes after the end of the heating cycle  Yes  No  N/A
- 7.4.5.1 Pool heaters have readily accessible ON/OFF switch without adjusting the thermostat setting. Gas fired heaters do not have standard pilot lights  Yes  No  N/A
- 7.4.5.2 Heated pools have vapour retardant covers. Pools heated to above 32C have a pool cover with a minimum insulation value of RSI-2.1 unless heated by site-recovered energy or solar power  Yes  No  N/A
- 7.4.5.3 Pool heaters and circulation pumps have time switches, unless exempt  Yes  No  N/A
- 7.4.6 Heat traps are provided to all vertical risers serving storage water heaters and storage tanks  Yes  No  N/A

**Prescriptive Requirements – Complete if NOT using Energy Cost Budget Method**

- 7.5 Boiler system that provides space heating as well as service water heating meet the conditions of Sections 7.5.1 and 7.5.2.  Yes  No  N/A

- 
- 8.1.2 Low voltage dry-type distribution transformers meet nominal efficiencies shown in Table 8.1 unless exempt  Yes  No  N/A
- 8.4.1 Feeder conductors and branch conductors are sized as per Section 8.4.1  Yes  No  N/A
- 8.4.2 At least 50% of all 125 volt 15- and 20- Ampere receptacles installed in private offices, open offices, and computer classroom are provided with automatic receptacle controls that function on a) time of day schedule, b) occupant sensors or c) occupancy signal from another control or alarm system  Yes  No  N/A



**9.4 Mandatory Provisions**

- 9.4.1 Any automatic control devices used are “manual ON” or multi-level where the “automatic ON” function provides no more than 50% power unless exempt  Yes  No  N/A
- 9.4.1.1 Automatic lighting shutoff controls are provided for all interior spaces based on either a schedule basis or controlled by an occupant sensor unless exempt  Yes  No  N/A
- 9.4.1.1 Schedule-based control devices are provided with independent schedules for areas of no more than 2,323m<sup>2</sup> but no more than one floor  Yes  No  N/A
- 9.4.1.1 Occupancy-based control devices turn lights off within 30 minutes of all occupants leaving the space, or a signal from another control or alarm system that indicates the area is unoccupied  Yes  No  N/A
- 9.4.1.2 Each space enclosed by ceiling-height partitions has at least one readily accessible control device that independently operates general lighting within the space in such a way that occupants can see the controlled lighting with multi-step controls and occupant sensors as per Section 9.4.1.2  Yes  No  N/A
- 9.4.1.3 Lighting for parking garages is controlled by automatic shutoff controls meeting the requirements as outlined in Section 9.4.1.1  Yes  No  N/A
- 9.4.1.3 Parking garage lighting is capable of automatically reducing lighting power of each luminaire by at least 30% based on occupancy  Yes  No  N/A
- 9.4.1.3 Daylight transition zones in parking garages are controlled separately. These are automatically turn on during daylight hours and off at sunset  Yes  No  N/A
- 9.4.1.3 Parking garage luminaires with 6m of perimeter walls that have a net opening-to-wall ration of at least 40% automatically reduce power in response to daylight, except daylight transition zones  Yes  No  N/A
- 9.4.1.4 Automatic daylighting controls are provided for separate control of general lighting in primary sidelighted areas greater than 23m<sup>2</sup> in an unenclosed space. Multilevel photocontrol device complies with 9.4.1.4c unless exempt  Yes  No  N/A
- 9.4.1.5 Automatic daylighting controls are provided for separate control of general lighting in daylight areas as required under Section 9.4.1.5. Multilevel photocontrol device complies with 9.4.1.5c unless exempt  Yes  No  N/A
- 9.4.1.6 Additional control is provided to the applications listed in Section 9.4.1.6  Yes  No  N/A
- 9.4.1.7 Exterior lights are shut off by an automatic photosensor when available daylight is sufficient, unless exempt  Yes  No  N/A
- 9.4.1.7 All building façade or landscape lighting is automatically shut off overnight as per 9.4.1.7b  Yes  No  N/A
- 9.4.1.7 Exterior lighting not for façade or landscaping lighting, including advertising signage, is automatically controlled to reduce lighting power by at least 30% overnight or during inactive periods  Yes  No  N/A
- 9.4.2 Exit signs do not exceed 5W per face  Yes  No  N/A
- 9.4.3 Exterior lighting zone  Yes  No  N/A  
(table 9.4.3A)  
Total Installed Exterior Lighting Power  Yes  No  N/A  
 $W \leq \text{value of exterior LPA} \quad W$   
List any exemptions that apply:
- 9.4.4 Third Party functional testing of all lighting control devices and systems is specified in the construction documents  Yes  No  N/A

- 
- |        |   |   |
|--------|---|---|
| 10.4.1 | Electric motors comply with Table 10.4.1.A(a) and Table 10.4.1.A(b) of SB-10  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10.4.2 | Service water pressure booster pumps have pressure sensor to vary pump speed and/or start and stop pumps                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10.4.2 | No devices are installed to reduce the pressure of all of the water supplied by any booster system or pump, except for safety devices | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10.4.2 | Booster pumps shut off when there is no service water flow  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10.4.3 | All elevator cab lighting systems have efficacy of not less than 35 lumens per Watt   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10.4.3 | Elevator cab ventilation fans for elevators without air conditioning consume less than 0.7 W●s/L at maximum speed                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 10.4.3 | Cab interior light and ventilation is disabled when elevators are stopped and unoccupied with doors closed for over 15 minutes        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**9.5 Prescriptive Provisions - Complete if NOT using Energy Cost Budget Method**

9.5 Interior Lighting Power Allowance Calculation (ILPA) by Building Type based on Table 9.5.1.

Building Type:

Gross Lighted Area:  $m^2$

Lighting Power Density:  $W/m^2$

Total Installed Exterior Lighting Power  $W \leq$  value of exterior LPA  $W$   Yes  No  N/A

9.6 Interior Lighting Power Allowance Calculation (ILPA) for each space based on Table 9.6.1.

Total Installed Exterior Lighting Power  $W \leq$  value of exterior LPA  $W$   Yes  No  N/A

List any exemptions that apply:

**Occupancy Type**

Occupancy	Floor Area
Assembly	m <sup>2</sup>
Health / Institutional	m <sup>2</sup>
Hotel / Motel	m <sup>2</sup>
Light Manufacturing	m <sup>2</sup>
Multi-Family	m <sup>2</sup>
Office	m <sup>2</sup>
Restaurant	m <sup>2</sup>
Retail	m <sup>2</sup>
School	m <sup>2</sup>
Warehouse	m <sup>2</sup>
Other	m <sup>2</sup>
<b>Total</b>	<b>m<sup>2</sup></b>

Description of Proposed Building:

**Energy Usage**

Annual Consumption Summary <sup>(1)</sup>	Reference Building Energy	Proposed Building Energy	Units
Space Heating			
Space Cooling			
HVAC Auxiliary			
Miscellaneous Electrical			
Service Hot Water			
Interior Lighting			
Other			
<b>Total Annual Energy</b>			
<b>Total Annual Energy Cost</b>	<b>\$</b>	<b>\$</b>	

Note: (1) Full modelling report shall be submitted

Reference Building Energy & Proposed Building Energy Consumptions calculated by:

Please specify modelling software used:

**Heating, Ventilation and Air Conditioning system descriptions**

Reference Building Design:

Proposed Building Design:

**Energy Efficient Features in Proposed Building Design**

Explain major energy saving features utilized to achieve modelled savings:

Building is in compliance with mandatory requirements of sections 5.4, 6.4, 7.4, 8.4, 9.4 and 10.4?  Yes  No

**Occupancy Type**

Occupancy	Floor Area
Assembly	m <sup>2</sup>
Health / Institutional	m <sup>2</sup>
Hotel / Motel	m <sup>2</sup>
Light Manufacturing	m <sup>2</sup>
Multi-Family	m <sup>2</sup>
Office	m <sup>2</sup>
Restaurant	m <sup>2</sup>
Retail	m <sup>2</sup>
School	m <sup>2</sup>
Warehouse	m <sup>2</sup>
Other	m <sup>2</sup>
<b>Total</b>	<b>m<sup>2</sup></b>

Description of Proposed Building:

**Energy Usage**

Annual Consumption Summary <sup>(1)</sup>	Reference Building Energy	Proposed Building Energy	Units
Space Heating			
Space Cooling			
HVAC Auxiliary			
Miscellaneous Electrical			
Service Hot Water			
Interior Lighting			
Other			
<b>Total Annual Energy</b>		<b>&gt;</b>	

The proposed building uses \_\_\_\_\_ % less energy than the reference building selected above which exceeds the required percentage as dictated by SB-10.

Note: (1) Full modelling report shall be submitted

Reference Building Energy & Proposed Building Energy Consumptions calculated by:

Please specify modelling software used:

**Heating, Ventilation and Air Conditioning system descriptions**

Reference Building Design:

Proposed Building Design:

**Energy Efficient Features in Proposed Building Design**

Explain major energy saving features utilized to achieve modelled savings:

Building is in compliance with mandatory requirements of sections 5.4, 6.4, 7.4, 8.4, 9.4 and 10.4?  Yes  No

**Form Applicability**

This form is intended for use with one of the two following design options. Please select the applicable option being used:

- Proposed Building is shown to consume at least **25%** less energy (Gj or kWh) annually than the **Model National Energy Code for Building (MNECB)** reference building. Energy consumption values are determined according to the modelling procedures identified in Part 8 of the MNECB.  Yes  N/A

**OR**

- Proposed building is shown to consume at least **5%** less energy (Gj or kWh) annually than the **ASHRAE 90.1-2010** reference building. Energy consumption values are determined according to the modelling procedures outlined in Chapter 11 of ASHRAE 90.1-2010.  Yes  N/A

**If the response is not yes to at least one of the options provided above, this form is not applicable to the intended application. Please select a more appropriate form or refer to Supplementary Standard SB-10 for direction.**

**A. Project information**

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

**B. Designer information**

**Architectural Designer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ BCIN: \_\_\_\_\_  
 Corporation or Partnership: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Mechanical Engineer / Designer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ BCIN: \_\_\_\_\_  
 Corporation or Partnership: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Electrical Engineer / Designer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ BCIN: \_\_\_\_\_  
 Corporation or Partnership: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_



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**C. Declaration**

I, \_\_\_\_\_, acknowledge that the information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge and that if the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date:

Signature:

---

**Form Disclaimer**

This form is not a substitute for complying with the requirements of the Ontario Building Code. While care has been taken to ensure accuracy, this form is provided for convenience of application only. Designers must refer to the actual wording and requirements of the Ontario Building Code.

This form is made available for Building Code users by the Township of West Lincoln Building Services Division. Users should always refer to the actual Ontario Building Code when researching applicable regulations as well as when completing this form. The Building & Enforcement Department or the Township of West Lincoln does not assume any responsibility for errors or oversights resulting from the information contained herein.

**Form Applicability**

This form is intended for use where the design utilizes the option to achieve the energy efficiency levels attained by conforming to the ASHRAE 90.1-2010, "Energy Standard for Buildings Except Low-Rise Residential Buildings" and Chapter 2 of SB-10 (Division 3).

**If the above statement is not applicable to the design selected for the building in question, this form is not applicable to the intended application. Please select a more appropriate form or refer to Supplementary Standard SB-10 for direction.**

**A. Project information**

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

**B. Designer information**

**Architectural Designer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ BCIN: \_\_\_\_\_

Corporation or Partnership: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Mechanical Engineer / Designer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ BCIN: \_\_\_\_\_

Corporation or Partnership: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Electrical Engineer / Designer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ BCIN: \_\_\_\_\_

Corporation or Partnership: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**C. ASHRAE 90.1 – 2010 Compliance as modified by OC SB-10 Division 3**

The building design complies with the mandatory provision of the following sections of the compliance path:

Section 5.4	Building Envelope and SB-10 Division 3	compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	complete Form 5.4
Section 6.4	Heating, Ventilation and Air Conditioning	compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	complete Form 6.3 or 6.4
Section 7.4	Service Water Heating Systems and Equipment	compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	complete Form 7.4
Section 8.4	Power	compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	complete Form 8.4
Section 9.4	Lighting	compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	complete Form 9.4
Section 10.4	Other Equipment and SB-10 Division 3	compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	complete Form 10.4

**D. Method of compliance**

The building design must comply with either the prescriptive requirements or the Energy Cost Budget Method. Indicate below which method has been selected:

Prescriptive compliance (Complete Section E Below)      **OR**       Energy Cost Budget Method (Complete Section F Below)

**E. Prescriptive compliance**

The building design complies with the Prescriptive Compliance of the following sections:

Section 5	Building Envelope – Prescriptive Requirements (5.5 of ASHRAE 90.1) or Building Envelope Trade Off (5.6 of ASHRAE 90.1)	compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	complete Form 5.5 or 5.6
Section 6	HVAC Systems – Simplified Approach to HVAC Systems Mandatory + Prescriptive Path Option	compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	complete Form 6.3 or 6.4
Section 7	Service Water Heating – Prescriptive Path Option	compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	complete Form 7.4
Section 9	Lighting – Prescriptive Requirements	compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No	complete Form 9.5

**F. Energy cost budget method – ASHRAE 90.1-2010 and OBC SB-10 [ SB-10 Division 4, Article 1.1.1.4 ]**

The building design complies with the provisions of Section 11 of ASHRAE 90.1 -2010, based on Division 3 of SB-10      compliance:  Yes  No      complete Form 5.5 or 5.6

**G. Declaration**

I, \_\_\_\_\_, acknowledge that the information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge and that if the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date:

Signature:

**Form Disclaimer**

This form is not a substitute for complying with the requirements of the Ontario Building Code. This form is made available for Building Code users by the Building & Enforcement Department of the Township of West Lincoln. Users should always refer to the actual Ontario Building Code when researching applicable regulations as well as when completing this form. The Building & Enforcement Department or the Township of West Lincoln does not assume any responsibility for errors or oversights resulting from the information contained herein.

**A. Project information**

Street Address:

Unit No.

Lot/Con:

This form describes conditions where approvals from various other agencies are required before a building permit can be issued. It is recommended that these approvals be completed prior to applying for a building permit, since they may delay or prevent permit issuance. For assistance with the individual approvals listed consult with the applicable agency. Further information with regard to the individual agencies and contact for such is contained at the conclusion of this form.

**B. Heritage – Township of West Lincoln Planning Department**

Are you proposing to demolish, alter, add to or otherwise modify a building that is listed on the Township of West Lincoln heritage inventory?

Yes  No

Is the building / property designated or in the process of being designated?

Yes  No

Is the property located in a Heritage District or study area?

Yes  No

**C. Zoning – Niagara Escarpment Commission**

Does the property exist within the jurisdiction of the Niagara Escarpment Commission?

Yes  No

**D. Wetlands, Shorelines & Watercourses – Niagara Peninsula Conservation Authority**

Does the property abut a ravine, watercourse, wetland or shoreline?

Yes  No

**E. Transportation Routes – Ontario Ministry of Transportation**

Is the property within 45m of a highway or 180m from any highway intersection?

Yes  No

Is the property within 395m of a controlled highway intersection?

Yes  No

Is this a major traffic generating project located within 800m of a highway?

Yes  No

**F. Environmental Approvals – Ontario Ministry of the Environment**

Is the property an industrial or commercial property being changed to a more sensitive use?

Yes  No

Is the property a former waste disposal site?

Yes  No

Is the project a major industrial, commercial or government project?

Yes  No

Is this a renewable energy project?

Yes  No

**G. Agriculture and Farms – Ontario Ministry of Agriculture and Food**

Is the proposed building a farm building that will house animals or manure, or is it a milk processing plant?

Yes  No

**H. Education and Child Care Centres – Ontario Ministry of Education**

Does the project involve the demolition of a school or is a daycare proposed in any portion of the building?

Yes  No

**I. Seniors / Long Term Care Centres & X-Ray Equipment – Ontario Ministry of Community and Social Services**

Is the project a Seniors / Long term Care project whereby Government funding is being sought?

Yes  No

Does the project include spaces for the use of X-Ray equipment?

Yes  No

**J. Funeral Home – Ontario Ministry of Consumer and Business Services**

Does the project involve any building in which funeral services are conducted?

Yes  No

**K. Declaration of Owner**

I, \_\_\_\_\_, certify that the information provided on this document is true to the best of my knowledge and that all required approvals related to the relevant applicable laws have been enclosed and submitted with the application for permit for this project.

Date:

Signature:

Personal information contained in this form 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 the Chief Building Official of the Township of West Lincoln.

**Completing this Form****B. Heritage** - Ontario Heritage Act, s. 27, 30, 33, 34, 40.1 & 42

The Township of West Lincoln has designated certain heritage buildings and maintains a list of building of heritage interests. Planning and/or Town Council approval for demolition, alteration and construction is required if the subject property is affected.

Contact: Township of West Lincoln Planning Department, Brian Treble, 905 957 5138, btreble@westlincoln.ca

**C. Zoning** - Niagara Escarpment Planning and Development Act

Where construction is proposed in the area under the jurisdiction of the Niagara Escarpment Commission and development permit is required to before a building permit can be issued.

Contact: Niagara Escarpment Commission, Martin Killian, 905 877 7524, martin.killian@ontario.ca

**D. Wetlands, Shorelines & Watercourses** - Conservation Authorities Act s.28, regulation 166/06

Development within certain conservation regulated areas requires construction and fill permits from the conservation authority before a building permit can be issued.

Contact: Niagara Peninsula Conservation Authority, 905 788 3135, info@npca.ca

**E. Transportation Routes** - Public Transportation Act s. 34/38

Ministry authorization is required for construction of all buildings within certain distances of a highway or intersection. Where major developments will generate significant amounts of traffic, such as a shopping centre, the distance is extended to 800m.

Contact: Ministry of Transportation, www.mto.gov.on.ca

**F. Environmental** - Conservation Authorities Act s.28 (1)(c), regulation 166/06

Development within certain conservation regulated areas requires construction and fill permits from the conservation authority before a building permit can be issued.

Contact: Ministry of Environment. 1 800 461 6290

**G. Agriculture and Farms** - Nutrient Management Act 2002 s.11 regulation 267/03, Milk Act s.14

Buildings or structures that house animals or store manure may require a nutrient management strategy approved by the Ministry. The Ministry must also determine that a milk processing plant is necessary and authorize it before a building permit can be issued

Contact: Ministry of Agriculture Food and Rural Affairs, 1 877 424 1300

**H. Education and Child Care Centres** - Education Act s.194, Day Nurseries Act, s.5 or regulation 262

The Minister must approve the demolition of all school buildings. Ministry plan approval is required if a new or existing building is proposed to be used or altered / renovated to be used as a day nursery, or if an existing day nursery is altered or renovated.

Contact: Ministry of Education, 905 895 9192

**I. Seniors / Long Term Care Centres and X-Ray Equipment** - Elderly Persons Centres Act s.6, Healing Arts Radiation Act

Reports must be submitted to and approved by the Minister for all seniors centres to which government funding applies. Where X-Ray equipment is used for primary exposure to humans approvals are required before a building permit can be issued.

Contact: Ontario Ministry of Community and Social Services, 1 888 789 4199

**J. Funeral Home** - Funeral Directors and Establishments Act, regulation 469

Where a building houses a funeral establishment necessary approvals are required to be obtained before a building permit can be issued.

Contact: Ontario Ministry of Consumer and Business Services, 1 800 387 4458

**A. Project information**

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

**B. Party to be authorized**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Corporation or Partnership: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**C. Declaration of Owner**

I, \_\_\_\_\_, being the Registered Owner of the above property hereby authorize the party stated in Section B of this form to make application for permit on my behalf to Building and Enforcement Department of the Township of West Lincoln in accordance with the applicable requirements of the Ontario Building Code for the purpose of the identified project.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The Ontario Building Code states that "owner includes, in respect of the property on which the construction or demolition will take place, the registered owner, a lessee or mortgagee in possession".

Personal information contained in this form 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 the Chief Building Official of the Township of West Lincoln.

**A. Project information**

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Project type:  new  addition  alteration  change of use

**B. Major occupancy**

Group / Division  Group A, Div:  Group B, Div:  Group C  Group D  Group E  Group F, Div:

OBC Reference: \_\_\_\_\_

Where more than one major occupancy is selected above please provide a Schematic Fire Layout drawing.  attached  N/A

**C. Building area**

Detail	Existing	New	Total
Building Area	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Gross Floor Area	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Mezzanine Area	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>

Mezzanine(s) exceeds 10% of floor area:  Yes  No Type of mezzanine:  open construction  closed construction

Firewall(s) required to separate buildings:  Yes  No Interconnected floors / atrium  Yes  No

**D. Building height**

Height of Building: \_\_\_\_\_ m Storeys above grade: \_\_\_\_\_ below grade: \_\_\_\_\_ High Building:  Yes, measure below  No

High Building Measure Proposed: \_\_\_\_\_

**E. Spatial separation**

Faces Number of Streets: \_\_\_\_\_ street(s) with \_\_\_\_\_ % of perimeter within 15m of the street(s)

Wall	North	South	East	West
Area of Exposed Building Face	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Limiting Distance	m	m	m	m
Ratio (L/H or H/L)				
Permitted Max. Percentage of Openings	%	%	%	%
Proposed Percentage of Openings	%	%	%	%
Fire Resistance Rating	hours	hours	hours	hours
Listed Design Number or Description				
Combustible Construction				
Combustible Construction with Noncombustible Cladding				
Noncombustible Construction				

**F. Occupant Load**

Occupant load of building is: \_\_\_\_\_ persons based on  m<sup>2</sup> / person or  other:

OBC Reference: \_\_\_\_\_

**G. Fire separations / Resistance ratings**

Building Classification: \_\_\_\_\_

OBC Reference: \_\_\_\_\_

**Fire Resistance Rating (FRR) of Horizontal Assemblies**

Assembly	Required	Proposed	Design No. or Description (SG-2)
Floor immediately above basement			
Floor below ground level			
Other Floor(s)			
Mezzanine(s)			
Roof			
Public Corridor			

**Fire Resistance Rating (FRR) of Supporting Members**

Member(s) Supporting	Required	Proposed	Design No. or Description (SG-2)
Floor immediately above basement			
Floor below ground level			
Other Floor(s)			
Mezzanine(s)			
Roof			

Type of Construction Permitted:  Combustible  Noncombustible  Both – used individually  Both – used in combination

Type of Construction Proposed:  Combustible  Noncombustible  Both – used individually  Both – used in combination

**H. Travel Distance**

Maximum permitted travel distance: \_\_\_\_\_ m OBC Reference: \_\_\_\_\_

**I. Sprinklers / Standpipe**

Sprinkler system required:  Yes, as per \_\_\_\_\_  No Electrical supervision required:  Yes, as per \_\_\_\_\_  No

Sprinklers required in specific location(s):  Yes, as per \_\_\_\_\_, and locations are listed below  No

Specific location(s) of sprinklers: \_\_\_\_\_

Building is proposed to be:  fully sprinklered  basement only  in lieu of roof rating  not sprinklered  other, listed below

Other proposed sprinkler design: \_\_\_\_\_

Standpipe system required:  Yes, as per \_\_\_\_\_  No Water supply/service adequate:  Yes  No

Standpipe system proposed:  Yes  No Standpipe hose length required: \_\_\_\_\_





**A. Project information**

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Plan Number: \_\_\_\_\_

**B. Declaration of Owner information**

Whereas the Ontario Building Code requires that the project on the above noted property be designed and reviewed during construction by an architect, professional engineer or both that are licensed to practice in the province of Ontario;

Now therefore, the Owner or Authorized agent as assigned by the Owner, being the person who intends to construct or have constructed hereby warrants that:

1. The undersigned architect and / or professional engineer(s) have been retained to provide general reviews of the construction of the building to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the Ontario Association of Architects (OAA) and / or Professional Engineers Ontario (PEO);
2. All general review reports by the architect and / or professional engineer(s) will be forwarded promptly to the Chief Building Official;
3. Should any retained architect or professional engineer cease to provide general reviews for any reason during construction, the Chief Building Official will be notified in writing immediately, and another architect or professional engineer shall be appointed so that general review continues without interruption during construction; and
4. Construction or Demolition will only be undertaken if an architect and / or professional engineer(s) are retained to undertake general review, and a permit authorizing the proposed construction or demolition has been issued.

The undersigned hereby certifies that he / she has read and agrees above:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Corporation or Partnership: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**C. Coordinator of the work of all consultants (if applicable)**

Expertise:  Architectural  Structural  Mechanical  Electrical  Site Services  Other:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**D. Declaration of Consultant information**

The undersigned architect and / or professional engineer hereby certify that they have been retained to provide general reviews of the parts of construction of the building indicated, to determine whether the construction is in general conformity with the plans and other documents that form the basis for issuance of a building permit, in accordance with the performance standards of the OAA and PEO.

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Expertise:  Architectural  Structural  Mechanical  Electrical  Site Services  Other:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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Expertise:  Architectural  Structural  Mechanical  Electrical  Site Services  Other:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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Expertise:  Architectural  Structural  Mechanical  Electrical  Site Services  Other:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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Expertise:  Architectural  Structural  Mechanical  Electrical  Site Services  Other:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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