

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 (m²): _____

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:

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. 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, 2nd 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: _____ m² 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 ² | m ² | m ² |
| Gross Floor Area | m ² | m ² | m ² |
| Area to be renovated or altered | m ² | m ² | m ² |
| Area of Basement | m ² | m ² | m ² |
| Area of Basement to be finished | m ² | m ² | m ² |
| Area of Accessory Building | m ² | m ² | m ² |
| Area of attached / detached deck | m ² | m ² | m ² |
| Area of deck that is covered by a roof | m ² | m ² | m ² |
| Number of Stories Above Grade | | | |
| Occupant Load | | | |
| Lot Coverage | % | % | % |
| Number of Seats (Dining / Drinking Establishments) | | | |

Form Applicability

This form is based on Building Supplementary Standard SB-10 Division 4 and is only applicable in applications whereby all of the following criteria is true for the proposed construction. The Building:

- 1. is within the Scope of Part 9: True False
- 2. only contains non – residential occupancies True False
- 3. uses a heating system other than electric space heating True False
- 4. is intended to be occupied during the winter months on a continuous basis True False

AND

- 5. Gross Fenestration Area: m^2 to Gross Wall Area m^2 = Fenestration to Wall Ratio: %
Fenestration to Wall Ration is $\leq 40\%$ True False

If the response to any of the questions above is false, 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. Building Envelope Thermal Performance

[SB-10 Division 4, Article 1.1.1.2]

The Building Zone for the City of Niagara Falls is Zone 2 which has 5000 or more degree days. The following table lists only those values for Zone 2.

Building envelope requirements based on degree day zone (SI) – [referenced from Table 1.1.1.2]

| Building Assembly – Opaque Elements | Assembly Maximum U-Value ⁽¹⁾ | Insulation Minimum RSI-Value | Design Thermal Resistance Value | RSI or U/C Value |
|--|---|------------------------------|---------------------------------|---|
| Roofs without Attic Space – Insulation above deck | U-0.158 | 6.16ci | | <input type="checkbox"/> RSI <input type="checkbox"/> U |
| Roofs with Attic Space and other | U-0.096 | 10.56 | | <input type="checkbox"/> RSI <input type="checkbox"/> U |
| Walls Above Grade | U-0.312 | 2.28 + 1.76ci | | <input type="checkbox"/> RSI <input type="checkbox"/> U |
| Walls Below Grade | C-0.522 ⁽²⁾ | 1.76ci | | <input type="checkbox"/> RSI <input type="checkbox"/> U |
| Exposed Floors – Lightweight framing ⁽³⁾ | U-0.181 | 6.69 ⁽³⁾ | | <input type="checkbox"/> RSI <input type="checkbox"/> U |
| Exposed Floors – Mass | U-0.244 | 3.52ci | | <input type="checkbox"/> RSI <input type="checkbox"/> U |
| Slab on Grade Floors (perimeter + below slab) – Unheated | | 2.64 for 600mm + 0.88ci | | <input type="checkbox"/> RSI <input type="checkbox"/> U |
| Slab on Grade Floors (perimeter + below slab) – Heated | | 3.52 for 900mm + 0.88ci | | <input type="checkbox"/> RSI <input type="checkbox"/> U |

- Note: (1) Overall thermal transmittance value of the entire assembly includes air films and thermal bridging
 (2) C-Value is overall thermal conductance of the assembly but it does not include soil or air films
 (3) Where the floor framing depth is 254mm or less, the insulation is permitted to meet a minimum RSI-Value of 5.28
 (4) All opaque surfaces must comply with either the minimum RSI value of added insulation in cavities and continuous insulation (ci) requirements or the maximum overall thermal transmittance (U-value) of the entire assembly, where the U-value is provided.

| Building Assembly | Assembly Maximum U-Value ⁽¹⁾ | Assembly Maximum SHGC | Design U-Value | Design SHGC |
|---------------------------------|---|-----------------------|----------------|-------------|
| Vertical Fenestration – Windows | U-1.703 | 0.45 | | |
| Skylight with curb | U-3.917 | 0.50 | | |
| Skylight without curb | U-2.555 | 0.46 | | |

Note: (1) Overall thermal transmittance value of the entire assembly includes air films and thermal bridging

If U-values are being used for compliance, calculations for determining these values have been attached: Yes N/A

The exception for swinging glass doors to allow for an RSI value of doors ≥ RSI 0.7 is being used: Yes N/A

D. Air infiltration

[SB-10 Division 4, Article 1.1.1.3]

Building component or assembly contains an air barrier system conforming to Part 5 or Section 9.25 of the OBC? Yes N/A

E. Heating, Ventilation and Air Conditioning

[SB-10 Division 4, Article 1.1.1.4]

- Each HVAC system serves a single HVAC zone Yes N/A
- Energy efficiency of the HVAC equipment complies with Supplementary Standard SB-10 Clause 1.1.2.1.(1)(c) of Chapter 1 of Division 3 Yes N/A
- Cooling capacity of a single A/C unit ≥ 40 kW Yes No
- If the cooling capacity of single A/C unit < 40kW the following is n/a.
 If the cooling capacity of single A/C unit ≥ 40 kW, the unit: Yes N/A
- has an economizer
 - is controlled by high limit shut off
 - is equipped with barometric or powered relief
 - has outdoor air dampers provided with blade and jamb seals
- Heat Recovery Ventilator provided where outdoor air is more than 1400 L/s and 70% of supply air system Yes N/A
- Where a Heat Recovery Ventilator (HRV) is used, the system has provision to by-pass or control the HRV to permit proper operation of the air economizer Yes N/A
- HVAC system is controlled by a manual changeover thermostat or dual set point thermostat
- HVAC system with greater capacity than 4.4 kW and a supply fan motor more than 0.5kW provided with time check and programmable thermostat Yes N/A
- HVAC system greater than 5000 L/s provided with optimum start controls Yes N/A

F. Ducts, Plenums and Piping

[SB-10 Division 4, Article 1.1.1.5]

- Duct or plenum not protected by an insulated exterior wall or exposed to an unheated space is sealed to Class A seal level and insulated to RSI 1.4 Yes N/A
- Supply, exhaust duct or plenum in conditioned space sealed to SMACNA Class C seal level Yes N/A

Minimum thickness of pipe insulation – Table 1.1.1.5

| Use of Pipe | Nominal Pipe Size not more than 40mm | Nominal Pipe Size more than 40mm |
|--------------------|--------------------------------------|----------------------------------|
| Steam | 40 | 65 |
| Hot water heating | 40 | 50 |
| Domestic hot water | 25 | 50 |
| cooling | 12 | 25 |

- Pipes used for steam, hot water heating or cooling comply with Table 1.1.15 Yes N/A
- Insulation exposed to weather is protected by covering Yes N/A
- Non continuous exhaust systems with capacity of more than 140 L/s equipped with gravity or motorized damper Yes N/A
- Air duct distribution system is balanced and fans exceeding 0.75 kW are balanced for design airflow Yes N/A
- Hydronic system is balanced Yes N/A

G. Service Water Heating

[SB-10 Division 4, Article 1.1.1.6]

Energy efficiency of water heating equipment complies with Supplementary Standard SB-10 Clause 1.1.2.1.(1)(c) of Chapter 1 of Division 3 Yes N/A

Domestic hot water piping is insulated in accordance with Table 1.1.1.5 for the following types of pipe:

Recirculating piping Yes N/A

First 2.5m of a non-recirculating system (constant temperature storage system) Yes N/A

Piping between inlet pipe and heat trap Yes N/A

Heat traced Yes N/A

Hot water storage tank is provide with temperature control Yes N/A

Where a recirculating hot water system or heat trace is used, control to switch off system is provided Yes N/A

Hot water discharge temperature limited to maximum 43°C for lavatory faucets in public washrooms Yes N/A

Vertical pipe risers that serve a storage water heater or hot water tank are equipped with heat traps Yes N/A

Where a system has been designed that provides both space heating and domestic water heating, the system efficiencies meet those required by SB-10 Clause 1.1.2.1. (1)(c) of Chapter 1 of Division 3 Yes N/A

H. Lighting

[SB-10 Division 4, Article 1.1.1.7]

Except as permitted y SB-10 1.1.1.7(4), luminaires designed for use with one or three linear fluorescent lamps greater than 30W each use two-lamp tandem-wired ballasts in place of single-lamp ballasts when two or more luminaires are in the same space on the same control device. Yes N/A

I. Interior lighting

[SB-10 Division 4, Article 1.1.1.8]

Allowable interior lighting power density (from Table 1.1.18. SB-10): W/m²

Gross lighted area of building: m²

Interior lighting power allowance (allowable lighting power density X gross lighted area of building) (ILPA) W

Interior connected lighting power (CLPi): W

CLPi < ILPA Yes No

Calculations attached Yes N/A

J. Interior lighting controls

[SB-10 Division 4, Article 1.1.1.9]

If building exceeds 500m² the interior lighting is controlled by automatic control device to shut off building lighting in all spaces (except for emergency lighting, 24 hour lighting, or safety / security lighting) Yes N/A

The control device operates on a programmable schedule for each floor or occupant sensor or signal from another control / alarm system Yes N/A

Each room has a t least one accessible control independent of general lighting control Yes N/A

Individual control device is capable of being activated manually or automatically, controls a floor area of 240m² maximum, and is capable of overriding for not more than 4 hours Yes N/A

Conference rooms, meeting rooms, lunch rooms are equipped with automatic control devices that turn of lights within 30 minutes of occupants leaving Yes N/A

Separate controls provided for task lighting Yes N/A

K. Exterior lighting**[SB-10 Division 4, Article 1.1.1.10]**

Exterior Lighting Power Alliance (ELPA): kW

Exterior Connected Lighting Power (CLPe): kW

CLPe < ELPA Yes NoCalculations attached Yes N/AExterior building grounds luminaires exceeding 100 W contain lamps with a minimum efficacy of 10 lm/W unless controlled by a motion sensor. Yes N/A**L. Exterior lighting controls****[SB-10 Division 4, Article 1.1.1.11]**Except as permitted, exterior lighting has automatic controls Yes N/ATime switch or photo sensor control is provided for dusk to dawn lighting Yes N/ATime switch is provided for lighting not designated for dusk to dawn operation Yes N/A**M. Electric motors****[SB-10 Division 4, Article 1.1.1.12]**Electric motor efficiency levels comply with the requirements of Chapter 2, Division 3 of SB-10 Yes N/A**N. 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 and integrated checklist is based on Division 4 of the Ontario Building Code Supplementary Standard SB-10.

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 & Enforcement Department. 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 ² | m ² | m ² |
| Gross Floor Area | m ² | m ² | m ² |
| Mezzanine Area | m ² | m ² | m ² |

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 ² | m ² | m ² | m ² |
| 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 m² / 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: _____

J. Fire alarm system

Fire alarm system required: Yes No, exemption provided below Not Applicable

Exemption:

Fire alarm system provided: Yes No, explanation below Type of alarm system provided: single stage two stage

Explanation:

Fire alarm system to be equipped with voice communication: Yes, as per No

K. Washroom Calculations

Required plumbing fixtures are regulated by Division B, 3.7.4 of the Ontario Building Code? Yes, calculations below No

| Sex | Number of Persons | Min. Number of Water Closets | Min. Number of Lavatories |
|--------|-------------------|------------------------------|---------------------------|
| Male | | | |
| Female | | | |

Separate sanitary facilities are required for employees? Yes, calculations listed on drawings No, shared use is permitted

L. Accessibility

Building is fully barrier free: Yes No, explanation below

Explanation:

M. Equivalency

Is this design based on Equivalency with Part 10 or Part 11? Yes No, explanation below No, report attached

Explanation:

N. Prepared by

Last Name: _____ First Name: _____ Firm: _____
 Street Address: _____ Unit No. _____
 Municipality: _____ Postal Code: _____ Province: _____
 Telephone Number: _____ Cell Number: _____ Email: _____
 Date: _____ Signature: _____

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.

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: _____

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: _____

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: _____

Expertise: Architectural Structural Mechanical Electrical Site Services Other:

Last Name: _____ First Name: _____ Middle Initial: _____

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Municipality: _____ Postal Code: _____ Province: _____

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Date: _____ Signature: _____
