

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.

West Lincoln Application for Demolition Permit Supplemental Data Form

Your Future Naturally

This form is authorized by the Township of West Lincoln Building By-law
Updated: January 2017

A. Project information

Street Address: _____ Unit No. _____ Lot/Con: _____
Current use of Building to be demolished: dwelling accessory building other:
Extent of demolition: complete partial, description: _____

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):

Issuance of the Demolition Permit: by mail, pick up or digitally – email address:
Building Inspection reports (prepared digitally): pick up or digitally – email address:

C. Disconnection information

Available Services are required to be shut off, disconnected and in some cases capped as a component of your demolition permit. Clearance from the corresponding Utility provider may be required. Please acknowledge confirmation of shut off / disconnection below:

- electricity..... Niagara Peninsula Energy..... 905 356 2681
- water supply Township of West Lincoln..... 905 957 5139
- telephone Bell Canada 905 310 2355
- gas..... Enbridge 877 362 7434
- cable tv Cogeco Cable..... 800 267 9000
- call before you dig Ontario One Call..... 800 400 2255

D. Fire safety maintenance conditions

Fire Watch shall be provided during periods of demolition where operations may create a fire hazard to neighbouring properties or adjacent partially occupied spaces and the site shall be toured at least once hourly
Standpipe Systems where demolition is occurring floor by floor, the standpipe system and all accessory components shall be maintained operational on all floors beneath the one being demolished other than the floor immediately below
Access for Fire Fighting all access routes shall be maintained throughout demolition activities including clear access to hydrants
Fire Extinguishers portable fire extinguishers shall be provided in all areas of concern during demolition activities

E. Declaration of applicant

I, the undersigned certify that the information I have provided on this document is true to the best of my knowledge, that the necessary clearances have been obtained and arrangements made with the required utility providers for disconnection, and further that I understand and accept responsibility for the required fire maintenance conditions identified above.

Date: _____ Signature: _____

For Use by Township Staff (Principal Authority)

Zoning / Amendments: _____ Accepted by: _____

Building comments: _____

Demolition permit issuance authorized by Jeff Menard, Chief Building Official

Date: _____ Signature: _____

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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: _____
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: _____

Firm Name: _____

Street Address: _____ Unit No. _____ Lot/Con: _____

Municipality: _____ Postal Code: _____ Province: _____

Telephone Number: _____ Cell Number: _____ Email: _____

Date: _____ Signature: _____
