



**BUILDING PERMIT FOR NEW CONSTRUCTION, ADDITIONS, RENOVATIONS, ALTERATIONS
OR ACCESSORY BUILDINGS**

A Complete Application consists of:

- Complete attached application form
- Provide 2 (two) sets of construction plans
- Provide 2 (two) site plans showing grades and % lot coverage (including decks and sheds in the calculations)

Responsibilities of Owner/Applicant When Building Permit has been Obtained

- Post Building Permit on site
- Maintain a copy of construction plans on site
- Notify the building department a minimum of 48 hours in advance for inspections.

Questions?

Chief Building Official
30 King Street East, Gananoque, ON K7G 2T6
Telephone: 613 382-2149 ext.1130
E-mail: building@gananoque.ca

Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: TOWN OF GANANOQUE
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information			
Building number, street name	Unit number	Lot/con.	
Municipality TOWN OF GANANOQUE	Postal code	Plan number/other description	
Project value est. \$	Area of work (m ²)		
B. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name	First name	Corporation or partnership	
Street address	Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
C. Owner (if different from applicant)			
Last name	First name	Corporation or partnership	
Street address	Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
D. Builder (optional)			
Last name	First name	Corporation or partnership (if applicable)	
Street address	Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
E. Purpose of application			
New construction	Addition to an	Alteration/repair	Demolition existing building
			Conditional Permit
Proposed use of building		Current use of building	

Description of proposed work

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*? If no, go to section G. 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. Attachments

- i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities. iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

H. Declaration of applicant

I _____ certify that:
(print name)

- 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. I have authority to bind the corporation or partnership (if applicable).

_____ Date

_____ Signature of applicant

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 of 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.

Schedule 1: Designer Information

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

A. PROJECT INFORMATION			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number or other description	
B. INDIVIDUAL WHO REVIEWS AND TAKES RESPONSIBILITY FOR DESIGN ACTIVITIES			
Name		Firm	
Street Address			
Municipality	Postal code	Province	E-Mail
Telephone number ()		Facsimile no.()	Cell no.()
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"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings	<input type="checkbox"/> HVAV – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection	<input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing House <input type="checkbox"/> Plumbing All Buildings <input type="checkbox"/> On-Site Sewage	
Description of designer's work			
D. DECLARATION OF DESIGNER			
<p>I, _____ declare that (choose one as appropriate)</p> <p style="text-align: center;">(print Name)</p> <p><input type="checkbox"/> 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 Ontario Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories. Individual BCIN# _____ Firm BCIN# _____</p> <p><input type="checkbox"/> 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 Ontario Building Code. Individual BCIN# _____ Firm BCIN# _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Ontario Building Code. basis for exemption from registration and qualification _____ I certify that:</p> <ol style="list-style-type: none"> 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. <p style="text-align: right;">Date: _____ Signature of Designer _____</p>			

- Note:
- 1) For the purposes 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 Subsection 3.2.4. and 3.2.5. of Division C.
 - 2) Schedule 1 is not required to be completed by a holder of a 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 practise, or a certification of authorization, issued by the Association of Professional Engineers of Ontario.

PLUMBING DATA SHEET:

The undersigned, by virtue of the completion of this application, agrees to comply with all by-laws and civic regulations, it being expressly understood that the issuing of a permit does not relieve the applicant from complying with all said by-laws and civic regulations, though not called for in the specifications or show on plans submitted. The applicant further agrees that if a permit is revoked for any cause or irregularity or non-conformance of the said by-laws or regulations that in consideration of the issuing of the permit all claims are waived arising therefrom against the Town of Gananoque.

Applicable Building Permit Fee and other Town incurred costs over and above the fees set out (See By-law 2004-63 and By-law 2007-29) being a by-law to establish general fees and rates for various services provided by the municipality)

Name of Plumbing Contractor:	Name of Master Plumber:
Address:	Name of Plumber(s):
Telephone:	

To:			
<input type="checkbox"/> Install	<input type="checkbox"/> Repair	<input type="checkbox"/> Alter	<input type="checkbox"/> _____

The following fixtures will be installed or repaired:

	Number of Units	Cost/Unit	Total Cost
Single Dwelling		15.00	
Additional Dwelling(s)		15.00	
First Stack		5.00	
Additional Stack(s)		5.00	
Kitchen Sinks		5.00	
Bath Tubs		5.00	
Lavatories		5.00	
Laundry Tubs		5.00	
Slop Sinks		5.00	
Showers		5.00	
Urinals		5.00	
Water Closets		5.00	
Floor Drains		5.00	
Drinking Fountains		5.00	
Interceptors		5.00	
Food Coolers		5.00	
Building Drain		5.00	
Washing Machines		5.00	
Other		5.00	

TOTALS			

AUTHORIZATION FOR AN APPLICATION FOR A BUILDING PERMIT
BY A PERSON OTHER THAN THE LEGAL OWNER

I _____ being the legal owner of the subject property described as

_____ in the Municipality of _____,

Roll number _____, do hereby authorize _____, to act as my authorized

agent to apply for a building permit, for work to be done on the above mentioned property. I may rescind this authority at any time, by written notice.

Dated: _____

Signature of legal owner _____