

### Building Services

4432 George St, Box 100 Sydenham, ON K0H 2T0 613-376-3027 building@southfrontenac.net

#### **DEMOLITION APPLICATION CHECKLIST (Ex: Full demolition of a building or structure)**

NOTE: Applications may be refused if the first four (4) documents are not submitted.

- 1) Building permit application
- 2) Plot plan showing:
  - Civic address and/or legal description
  - Location of building/structure being demolished, including the dimensions of the building
  - All property lines with lot dimensions
  - Location of public roads or private lanes adjacent to property
  - North indicator
- Deed or tax bill (proof of ownership)
- 4) Owner Responsibilities form
- 5) Agent Authorization form if applicant is not owner
- 6) Conservation Authority approval if foundation is removed, and/or fill added within 30 meters of any waterbody

**NOTE:** An in-depth plans examination may reveal that further information may be required from the applicant to satisfy compliance with the Ontario Building Code or other applicable law



# Application for a Permit to Construct or Demolish This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority								
Application number:			Permit number (if different):					
Date received:			Roll number:					
Application submitted to:Township of South Frontenac								
A. Project information								
Building number, street name					Unit number	Lot/con.		
Municipality Postal code			Plan number/other description					
Project value est. \$			Area of work (m	n²)				
B. Purpose of application								
☐ New construction ☐ Addition t existing b		☐ Altera	ation/repair		Demolition	Conditional Permit		
Proposed use of building	Cur	rent use of	building					
Description of proposed work								
C. Applicant Applicant is:		[	Authorized a					
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. Owner (if different from applicant)	-				1			
Last name	First name		Corporation or	partners	ship			
Street address	ı		<u> </u>		Unit number	Lot/con.		
Municipality	Postal code		Province		E-mail			
Telephone number ( )	Fax ( )		1		Cell number			

E. Builder (optional)						
Last name	First name	ip (if applicable	(if applicable)			
Street address			Unit number	Lot/co	on.	
Municipality	Postal code	Province	E-mail			
Mullicipality	Postal code	E-IIIali	111			
Telephone number	Fax Cell number					
( )						
F. Tarion Warranty Corporation (Ontario New Home Warranty Program)						
<ul> <li>i. Is proposed construction for a new hor Plan Act? If no, go to section G.</li> </ul>	S 🔲	Yes		No		
ii. Is registration required under the Onta	rio New Home Warrantie	s Plan Act?		Yes		No
iii. If yes to (ii) provide registration numbe	r(s):					
G. Required Schedules						
i) Attach Schedule 1 for each individual who rev	iews and takes responsil	bility for design activities.				
ii) Attach Schedule 2 where application is to cons	struct on-site, install or re	pair a sewage system.				
H. Completeness and compliance with a	applicable law					
i) This application meets all the requirements of		o (d) of Division C of the		Yes		No
Building Code (the application is made in the applicable fields have been completed on the schedules are submitted).	all	163	_	140		
Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made.				Yes		No
<ul> <li>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 <i>Building Code Act</i>, 1992.</li> </ul>						No
iii) This application is accompanied by the inform law, resolution or regulation made under clau the chief building official to determine whethe contravene any applicable law.	able	Yes		No		
iv) The proposed building, construction or demol	ition will not contravene a	any applicable law.		Yes		No
I. Declaration of applicant						
.,						
I				declare th	hat:	
(print name)						
<ol> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>						
Date	Signature of a	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.



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## **OWNER RESPONSIBILITIES**

Project location i	nformation:			
Property owner(s)	·	· · · · · · · · · · · · · · · · · · ·		
Project address: _				
Roll #:				
			R Plan #:	
To the Township o	of South Fronte	enac,		
I declare that;	l am owner l	listed above , or;		
	I am the aut	horized agent of	the property owner listed above	
As the owner/ager	nt I hereby ack	nowledge;		
includes but is r systems and oth owner/agent to law 2003-75, ar • That an Occupa occupancy of a occupancy of a for the project, a various stages of Permit drawings relieve the owner meet or exceed	not limited to so ner structures. meet the setband; ancy Permit mand a seasonal or pare obligated to and that no wo of construction as and documer er and/or author the requireme	eparation of stru It is understood ack requirements  ust be issued be permanent reside arrange for the indicated on the ints submitted with perized agent from ents of the Ontare	oning setbacks have been adhered to. This actures to the high water mark, lot lines, sewarthat it is the sole responsibility of the sas set out in the South Frontenac Zoning Expanding and a Township Building Official prior to an ence and; inspections indicated on the permit card issurantil the Building Inspector has inspected the expermit card, and; the errors or omissions contained therein do not the responsibility of completing all work to in Building Code.  Inave the authority to bind the corporation or	By- Iy Ied
Signature			Date	

**Note:** The Ontario Building Code Act requires that request for inspections is made a minimum 2 regular business days in advance of the regular business day upon which the inspection is needed.



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Permit #: PR

# **Agent/Owner Authorization Form**

_			•				
A. Project location:							
Street address:							
B. Authorized agent of o	wner:						
Last name:	Last name: First name: Corporation/partnership			ership:			
Street address:			Postal code: Pro		ovince:		
Phone number:	Cell	numb	er:	E-mail:			
						1	
C. Parties authorized to	receive	e ins	spection reports:			Trade	All
Company/Contractor Contact email			specific reports	reports			
D. Declaration of Owner:							
I,, being the registered owner of the above noted property hereby authorize the party stated in Section B of this form to make application for permit on my behalf to Building Services of the Township of South Frontenac in accordance with the applicable requirements of the Ontario Building Code for the purpose of the identified project.							
All parties identified in Section C are hereby authorized to receive inspection reports as outlined above.							
I, as the registered owner of the above noted property, wish to be copied on all communication throughout the application and review process.							
I, as the registered owner of the above noted property, wish to receive a copy of all inspection reports.							
Date:	Sign	atur	e.				

**Note:** It is the responsibility of the owner/authorized agent to provide the contact information in Section C and to update this information if there are any changes. If this information is not provided, any assigned inspection reports will only be sent to the applicant for the above noted project.