

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)

- 1) Building permit application
- 2) Site plan indicating:
 - 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
- 3) Copy of the deed or tax bill (proof of ownership if property acquired within the last year)
- 4) Agent Authorization form if applicant is not owner
- 5) Setback waiver/Inspection form
- 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 Fr	ontenac	2					
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		
			ent use of building					
Description of proposed work								
C. Applicant Applicant is:		[Authorized a					
Last name	First name		Corporation or	partners	ship			
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 Province E-ma				III			
Telephone number	Fax Cell number							
()								
F. Tarion Warranty Corporation (Ontario New Home Warranty Program)								
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.				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 reviews and takes responsibility 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							
		o (d) of Division C of the		Yes		No		
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).				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		
 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. 						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)								
 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 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.



Building Services

4432 George St, Box 100 Sydenham ON, K0H 2T0 613-376-3027

building@southfrontenac.net

SETBACK WAIVE	R and INSPE	CTION and OC	CUPANCY NOTICE REQUIREMENTS
Project location info	ormation:		Permit #:
Property owner(s):			
Municipal address:			
Phone #:		Email:	
Roll #:			
			R Plan #:
Department Staf This includes bu lines, sewage sy responsibility of South Frontenace That an Occupan occupancy of a The owner(s) are issued for the pr the various stage Permit drawings relieve the owne or exceed the re	I am owner li I am the auth I am the auth I hereby ackr e of a Building if is not confirm I is not limited restems and oth the owner/age I Zoning By-law ncy Permit mu seasonal or pe e obligated to a oject, and that es of construct and documer or and/or autho quirements of	sted above, or; norized agent on woledge; g Permit and/or nation that all z to separation of the structures. Int to meet the extractures were structures, and the interest of the ermanent resident arrange for the no work will provide agent from the Ontario But the Ontario But no work of the	a general site review by the Building oning setbacks have been adhered to. of structures to the high water mark, lot is understood that it is the sole setback requirements as set out in the l; by a Township Building Official prior to any lence and; inspections indicated on the permit card oceed until the Building Inspector has inspected in the permit card, and; with errors or omissions contained therein do not me the responsibility of completing all work to meet
 Signature			Date

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



Building Services

4432 George St, Box 100 Sydenham ON, K0H 2T0 613-376-3027

building@southfrontenac.net

Permit #: PR

Agent/Owner Authorization Form

_			•				
A. Project location:							
Street address:							
B. Authorized agent of o	wner:						
Last name: First name:			Corporation/partnership:				
Street address:			Postal code: Pro		ovince:		
Phone number:	Cell	numb	er:	E-mail:			
						1	
C. Parties authorized to	C. Parties authorized to receive inspection reports:						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.