



SIoux LOOKOUT

Hub of the North

The Corporation of the
Municipality of Sioux Lookout
 25 Fifth Avenue, P.O. Box 158
 Sioux Lookout, Ontario • P8T 1A4
 Telephone: (807) 737-2700
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Department of Development Services

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: Municipality of Sioux Lookout Department of Development Services 25 Fifth Avenue, Sioux Lookout ON P8T 1A4			
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 ²)	
B. Purpose of application			
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition to an existing building	<input type="checkbox"/> Alteration/repair	<input type="checkbox"/> Demolition
			<input type="checkbox"/> Conditional Permit
Proposed use of building		Current use of building	
Description of proposed work			
C. 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 ()	
D. 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 ()	

E. 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 ()
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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide registration number(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 construct on-site, install or repair a sewage system.				
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). 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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, 1992</i> .			<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Declaration of applicant				
I _____ declare 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. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.				
_____		_____		
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/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name	Firm		
Street address	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax number ()	Cell number ()	
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			
<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 Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">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 Building Code.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="padding-left: 40px;">Basis for exemption from registration and qualification: _____</p> <p>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="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> 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 Subsections 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 authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
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, Division C?			
<input type="checkbox"/> Yes (Continue to Section C)		<input type="checkbox"/> No (Continue to Section E)	<input type="checkbox"/> Installer unknown at time of application (Continue to Section E)
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()		Cell number ()
D. Qualified supervisor information (where answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
<p>I _____ declare that:</p> <p style="margin-left: 100px;">(print name)</p> <p><input type="checkbox"/> 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;</p> <p><u>OR</u></p> <p><input type="checkbox"/> I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.</p> <p>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. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Date Signature of applicant </p>			

Schedule 3: Additional Information

A. Other Agency Requirements

Applicants must contact Sioux Lookout Hydro, Electrical Safety Authority, Ministry of Transportation (MTO), Ministry of Natural Resources (MNR), Northwestern Health Unit and Bell Canada directly for permits.

For these services, contact:

Road access/curb cuts: Public Works Division: 737-1234
Municipal Sewer and/or Water: Public Works Division: 737-1234.
Private Sewage Systems (Northwestern Health Unit): Doug Vergunst 1-800-830-5978 ext 225
MNR.: Sioux Lookout Office 737-1140
MTO.: Lynda Creed 807-468-2761
Electrical Safety Authority: 877-372-7233, website: www.esasafe.com.
Fire Chief: Rob Favot 737-2564
Ministry of Labour: Lyle Wiebe 1-807-223-4339
Tarion: 1-877-982-7466

B. Agency Approvals

Approvals Required Before Building Permit Application Will Be Processed: (as indicated by the CBO)

Please include a copy of the approvals required as listed/checked off below

Approvals Required	Permit/Reference Number	Date
<input type="checkbox"/> Public Works (Drainage Issues)	_____	_____
<input type="checkbox"/> Chief Building Official (Entrance)	_____	_____
<input type="checkbox"/> Sewer/Water	_____	_____
<input type="checkbox"/> Northwestern Health Unit	_____	_____
<input type="checkbox"/> MNR	_____	_____
<input type="checkbox"/> MTO Entrance/Building	_____	_____
<input type="checkbox"/> Moving Permit Application	_____	_____
<input type="checkbox"/> Ontario Hydro	_____	_____
<input type="checkbox"/> Electrical Safety Authority	_____	_____
<input type="checkbox"/> Encroachment	_____	_____
<input type="checkbox"/> Minor Variance	_____	_____
<input type="checkbox"/> Zoning By-law Amendment	_____	_____
<input type="checkbox"/> Site Plan Control Agreement	_____	_____
<input type="checkbox"/> Civic Address	_____	_____
<input type="checkbox"/> Tarion Registration	_____	_____

C. Land Survey

IF PROPOSED CONSTRUCTION IS WITHIN 10% OF REQUIRED SETBACK, AN ONTARIO LAND SURVEYOR MUST PREPARE THE SITE PLAN AND PROVIDE A LETTER AS PART OF FINAL INSPECTION INDICATING SET BACKS HAVE BEEN MAINTAINED. SHOW ALL BUILDINGS AND SHOW DISTANCES TO ALL LOT LINES AT THE SHORTEST POINTS. PROVIDE DRIVEWAY LOCATION, WIDTH AND SETBACKS TO PROPERTY LINES, HYDRO POLES AND FIRE HYDRANTS. PLEASE INDICATE ALL STREETS, LANES AND WATERFRONT AND SHOW NORTH. DIMENSIONS MUST CONFORM TO THE ZONING BY-LAW OR ANY MINOR VARIANCE GRNTED.

D. Check List of Attachments

PLEASE SUBMIT TWO (2) HARD COPIES AND ONE DIGITAL COPY OF ALL PLANS – ONE HARD COPY WILL BE RETURNED WITH THE PERMIT FOR USE ON SITE DURING CONSTRUCTION – **THE SITE SET MUST BE AVAILABLE DURING INSPECTIONS.**

- SITE PLAN
- FLOOR PLANS
- FRAMING PLANS
- ROOF PLANS
- REFLECTED CEILING PLANS
- FOUNDATION PLAN
- BUILDING ELEVATIONS
- ELECTRICAL PLANS
- PLUMBING DRAWINGS
- SECTIONS & DETAILS
- DRAINAGE PLANS
- HEATING, VENTILATION & AIR CONDITIONING DRAWINGS

The Chief Building Official may specify that not all of the above mentioned plans are required to accompany an application for a permit. All items in bold will be required regardless of size of project.

All statements and representations contained in the attached documents filed in support of this application shall be deemed part of this application for all purposes. Sufficient information shall be submitted with the application to enable the **Chief Building Official** to determine whether or not the proposed work will conform to the **Building Code Act** and regulations made thereunder and any other applicable law.

E. Permission for an Agent to Make Application

I, the undersigned, certify that I have appointed to be my agent for the purpose of application for a building permit and that such permission shall not relieve me of any of my responsibility pursuant to the Building Code Act.

Witness Signed
Owner

Dated at the Municipality of Sioux Lookout, Ontario this day of 20.....

F. Abandonment and Cancellation

Building and Demolition Permits are deemed to be abandoned and cancelled and the **Chief Building Official** may revoke such permits six months after the date of issue, unless such construction is seriously being proceeded with, or if construction is stopped for over twelve months. If construction is not completed within 2 years of issue of a Building Permit, then new permit application is to be submitted for the remainder of the work.

For Office use only

Zone Frontage Front yard Interior side Exterior side **Drainage Plan Required?** Yes No

Rear yard Lot area Lot Coverage % Height of Structure **Drainage Plan Satisfactory?** Yes No

Zoning Conformity: Yes No Use allowed: Yes No Minor variance required: Yes No

Minor Variance /Zoning By-Law Amendment File No. (if applicable) _____ Date: _____

Summary of Minor Variance/ ZBLA: _____

Summary of Zoning By-law: _____

O.P.A. required: Yes No Z.B.A. required: Yes No Plans Approved: Yes No

Approved for Permit: Date: Reviewed By:

Conditions or other Comments

.....

Schedule 4: Fees

A. Fees

Notwithstanding any calculation of fees the minimum fee for any application or individual structure shall be \$50.00 for Residential Projects and \$100.00 for Commercial Projects.

Residential Construction – Houses, cottages, attached garages, factory-built structures.

Main Floor sq. ft. @ \$ 0.60 sq. ft. \$
 Finished floors above main floor sq. ft. @ \$ 0.50 sq. ft. \$
 Basements sq. ft. @ \$ 0.20 sq. ft. \$

Residential Construction – Detached garages, sheds, gazebos, saunas, cold storage buildings, un-insulated seasonal cottages & guest cabins.

Main Floor c/w foundation sq. ft. @ \$ 0.35 sq. ft. \$
 Floors area above or below main floor sq. ft. @ \$ 0.20 sq. ft. \$

Miscellaneous Residential Construction not described above

(decks, retaining walls, renovations, repairs etc.)

Total project cost (labour, materials, professional fees) ... \$..... @ \$ 8.00/ \$1,000 of cost \$

Construction/renovation other than residential – Greenhouses, farm buildings of low human occupancy.

Main Floor sq. ft. @ \$ 0.20 sq. ft. \$
 Floors above or below main floor sq. ft. @ \$ 0.10 sq. ft. \$

All other construction not described above

Total Project Cost (labour, materials, professional fees) .. \$..... @ \$ 8.00/ \$1,000 of cost \$

Conditional Permits (On all structures) Additional 50% of applicable fees \$

Electronic Plans Fee (For Applications without Digital Plans).....\$ 20.00 \$

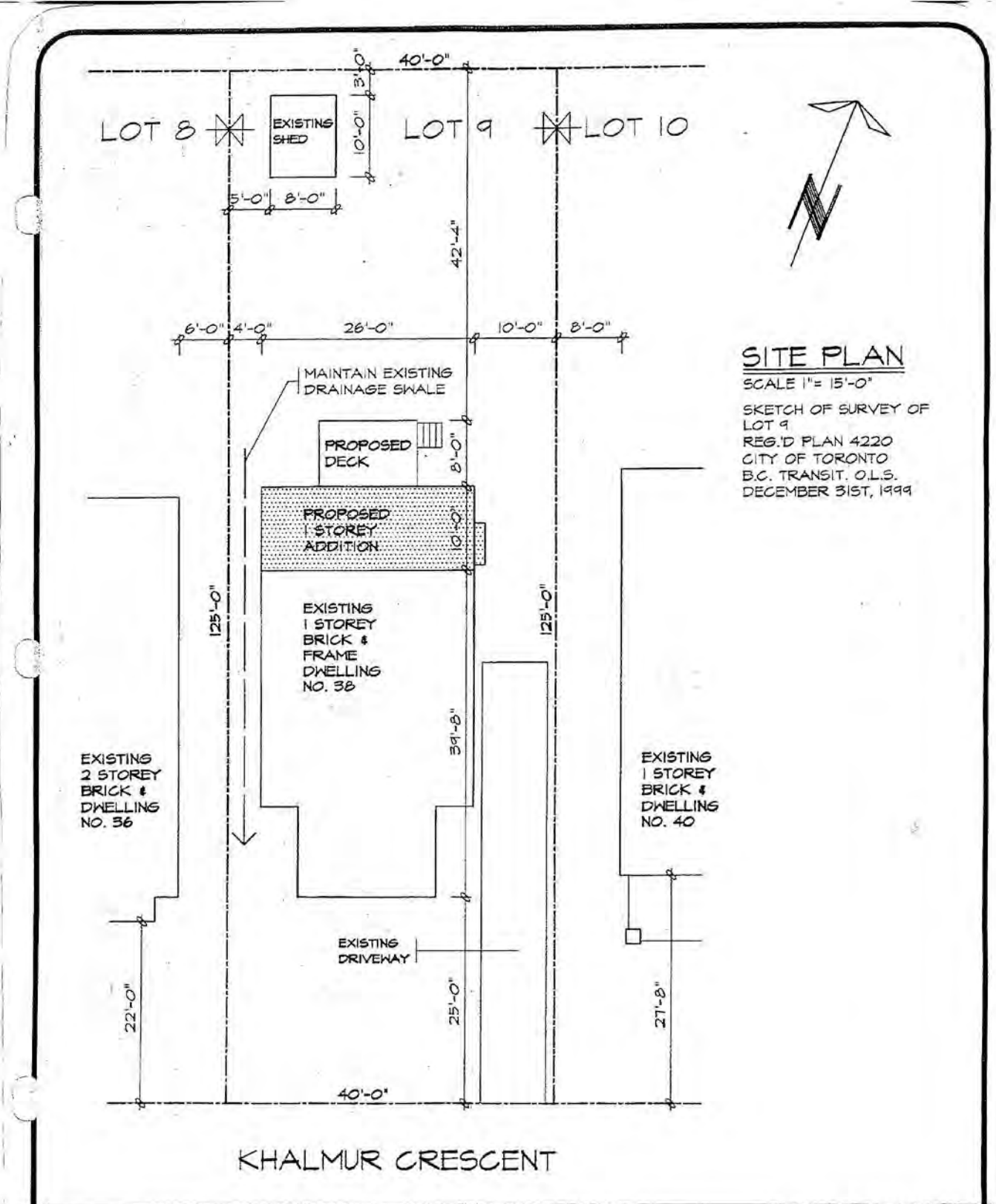
Deposit – For new residential dwellings only

(50% of permit fee subject to a minimum of \$500 and a maximum of \$2,000) \$

MINIMUM FEE OF \$50.00 or \$100.00 APPLIED, AS APPLICABLE? YES NO

TOTAL TO PAY\$

Schedule 5: SAMPLE SITE PLAN



SITE PLAN

SCALE 1" = 15'-0"

SKETCH OF SURVEY OF LOT 9
 REG.'D PLAN 4220
 CITY OF TORONTO
 B.C. TRANSIT. O.L.S.
 DECEMBER 31ST, 1999

T				
A				
C				
B				
D				
C				

SAMPLE DRAWING FOR PERMIT APPLICATION

SITE PLAN & ZONING INFORMATION

DWG. NO.

A03

07-98