



A. Project information				
Building number, street name			Unit number	Lot/con.
City/Town	Postal code	Plan number/other description		
Project value est. \$	Area of work (ft ²)	Roll Number		
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 (Residential, Commercial, etc.)		Current use of building		
Description of proposed work				
Will this work result in the creation of an additional dwelling or dwellings? How many dwelling units are currently at this address? _____				
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		PO Box	Unit number	Lot/Con.
City/Town	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.	
City/Town	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.	
City/Town	Postal code	Province	E-mail	
Telephone number ()	Fax ()	Cell number ()		

F. Taron 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
			<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. Public Works Approval				
i. Will a new entrance or culvert be added to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		ii. Will road cut work be required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answer yes, you will be required to complete an Application for Work Approval additional to this application form.				
J. Additional Information				
Type of Water Distribution System	<input type="checkbox"/> Municipal		<input type="checkbox"/> Private Well	
Type of Sanitary Drainage System	<input type="checkbox"/> Municipal		<input type="checkbox"/> Private Septic System	
Type of Heating System	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Other
K. Re-inspection Fee				
According to Schedule By-Law 2016-022 you may be charged \$100.00 per re-inspection at the discretion of the building official.				
L. Declaration of applicant				
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <ol style="list-style-type: none"> 1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation are 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>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>				

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

Consent and Acknowledgment

A. Agent Authorization

I, _____ am the registered property owner(s) of the property described in this application
(print name of owner)

form and do hereby authorize _____ to make applications and amendments on my behalf.
(print name of authorized agent)

It is understood that I/we will abide by all by-laws and acts of the Township of Russell and that any approvals granted by this application will be carried out in accordance with the municipal requirements.

Date Signature of property owner

B. Information Release

I _____ am the owner or the Authorized Agent of the owner
(print name)

named in the building permit application information herein and hereby authorized the Township of Russell to release any information pertaining to the said building permit application.

Date Signature of applicant

C. Water Meter Regulation

All buildings and or facilities to be connected to the Township's Water Distribution System shall have water meters of a size, make, and configuration as approved and designated by the Superintendent of Utilities. The water meters shall be installed during construction by a licensed plumber in the Province of Ontario and they shall certify to the Chief Building Official or their designate that the water meter has been installed in accordance with applicable provincial building and plumbing codes prior to occupancy of any building. All required water meters shall be operational and readable at the time of occupancy.

I _____ am the owner or the Authorized Agent of the owner
(print name)

named in the building permit application information herein and hereby authorized the Township of Russell to release any information pertaining to the said building permit application.

Date Signature of applicant

D. Incomplete Application

I _____ am the owner or the Authorized Agent of the owner
(print name)

and do hereby acknowledge that this application is deemed to be incomplete and is not entitled to the time periods prescribed in Column 3 of table 1.3.1.3 Division C of the Building Code. No permit will be issued until such time that all of the required information is submitted and review for compliance by the chief Building Official or their designate.

Date Signature of applicant

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.
City/Town	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]			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> House</div> <div style="width: 33%;"><input type="checkbox"/> HVAC – House</div> <div style="width: 33%;"><input type="checkbox"/> Building Structural</div> <div style="width: 33%;"><input type="checkbox"/> Small Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Building Services</div> <div style="width: 33%;"><input type="checkbox"/> Plumbing – House</div> <div style="width: 33%;"><input type="checkbox"/> Large Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Detection, Lighting and Power</div> <div style="width: 33%;"><input type="checkbox"/> Plumbing – All Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Complex Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Fire Protection</div> <div style="width: 33%;"><input type="checkbox"/> On-site Sewage Systems</div> </div>			
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="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-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="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-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="margin-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. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">_____</div> <div style="width: 70%;">_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Date</div> <div style="width: 70%;">Signature of Designer</div> </div>			

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 practice, 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.