

# 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: \_\_\_\_\_  
(Name of municipality, upper-tier municipality, board of health or conservation authority)

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 <sup>2</sup> )		
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			
<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			
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. 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.



**AUTHORIZATION**  
**FROM PROPERTY OWNER**  
for  
**AGENT TO APPLY FOR BUILDING PERMIT ON THEIR BEHALF**

I/we, \_\_\_\_\_  
(Property Owner/s)

Hereby authorize \_\_\_\_\_  
(Agent)

To apply, on my/our behalf, for a Building Permit on my/our property located in the City of Belleville at:

\_\_\_\_\_ Property Description (legal, civic address)

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

OFFICE USE ONLY:

Planning Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Development Fee: \_\_\_\_\_

Building Permit Fee: \_\_\_\_\_ Plumbing Fee: \_\_\_\_\_ Sewer Fee: \_\_\_\_\_ Other: \_\_\_\_\_

Occupancy Fee: \_\_\_\_\_ Surcharge: \_\_\_\_\_ TOTAL FEE : \_\_\_\_\_

## Applicable Law Compliance

The following questions must be answered in order to complete your application for building permit and to determine if approvals from any other agencies are required before your building permit can be issued by the City.

**Completing this form accurately and providing any other required approvals at application time will help expedite the processing of your building permit.**

Question	Yes	No	Comments
Is the building used as a daycare?			
Is the permit for the demolition of a school?			
Is the building used as a funeral home?			
Is the building used for processing milk?			
Is the building used to house farm animals?			
Is there a farm, feedlot or manure storage within 500m?			
Is the building used for manure storage?			
Is the building located on public land?			
Are Development Charges applicable?			
Is conservation authority approval required?			
Is there a lake, river, creek, stream, pond or wetland on or within 500m of the property?			
Is there a provincial highway within 800m?			
Is there a railway within 500m of the property?			
Is Health Unit approval required (food)?			
Is the building used as a charitable institution?			
Is the building used as a seniors home?			
Is the building used as a seniors centre?			
Is the building used as a nursing home?			
Is the property use changing to residential?			
Is Ministry of Environment approval required?			
Was the property used as a disposal site?			
Is there a septic system on the property?			
Is the building a designated heritage building?			
Is the permit to demolish a heritage building?			
Is site plan approval required?			
Is the permit for a mobile, park model or modular home?			
Is zoning by-law relief required? (Confirm with Planning Section)			

# Statement Regarding Required Inspections

(INCLUDE THIS PAGE WITH ALL PERMIT APPLICATIONS)

To: **City of Belleville Building Inspection Department**

Re

\_\_\_\_\_ (civic address)

I \_\_\_\_\_ (owner / authorized agent) understand that it is my responsibility to call the City of Belleville Building Inspection department for the required inspections listed below. I further acknowledge and understand that my failure to do so may result in work orders being levied against the property and further that I will be required to uncover any and all work that is covered or enclosed prior to the work being inspected by the City. Further I also understand that all expenses related to the uncovering or exposing of work for the purposes of inspection will be at my expense. It is further acknowledged that I will not expect or knowingly allow City Building Officials to enter or remain in any place or situation deemed unsafe according to the Occupational Health & Safety Act that I am responsible for and that this does not relieve me from having the required inspections conducted and completed by the City Building Division.

## **Required Inspections:**

**\*\* Minimum 48 Hours notice required for each inspection**

**\*\* Ensure that plans are on site for all inspections**

- 1) Services (prior to covering)**
- 2) Excavation (prior to pouring footings)**
- 3) Foundation (prior to backfilling)**
- 4) Underground Plumbing (prior to covering)**
- 5) Framing, Plumbing and Mechanical Rough-in (prior to insulation)**
  - \* framing inspection will not be conducted separately.**
- 6) Septic system 1) Prior to covering; 2) final**
- 7) Wood Burning Appliance**
- 8) Insulation & vapour barrier (prior to drywall)**
- 9) Fire Separations & Fire stopping**
- 10) Prior to filling a swimming pool with water**
- 11) Prior to Occupancy Union Energy and Electrical Safety Authority Inspection required before Occupancy will be permitted.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# Schedule 1: Designer Information

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

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name	Firm		
Street address	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number (     )	Fax number (     )	Cell number (     )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 2.20.2.1]</b>			
<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			
<b>D. Declaration of Designer</b>			
I _____ declare that (choose one as appropriate):			
(print name)			
<input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories. Individual BCIN: _____ Firm BCIN: _____			
<input type="checkbox"/> I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. of the Building Code. Individual BCIN: _____ Basis for exemption from registration: _____			
<input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code. Basis for exemption from registration and qualification: _____			
I certify that:			
1. The information contained in this schedule is true to the best of my knowledge. 2. I have authority to bind the corporation or partnership (if applicable).			
_____	_____		
Date	Signature of Designer		

\*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

**NOTE:**

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

## Schedule 2: Sewage System Installer Information

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
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 2.18.1.1?			
<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)			
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (     )	Fax (     )	Cell number (     )	
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<p>I _____ declare that:</p> <p style="text-align: center;">(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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have authority to bind the corporation or partnership (if applicable).</li> </ol> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			

**PLUMBING INFORMATION** Plumbing Contractor must have a current City of Belleville Plumbing Licence-By-law 2006-140 Schedule F

Plumbing Contractor Name: \_\_\_\_\_ Master Plumber Name: \_\_\_\_\_  
 Licence No.: \_\_\_\_\_ Licence No.: \_\_\_\_\_

<p><b>NUMBER OF FIXTURES</b></p> <p>SINKS _____</p> <p>BASINS _____</p> <p>SHOWERS _____</p> <p>TOILETS _____</p> <p>BATH TUBS _____</p> <p>LAUNDRY TUBS _____</p> <p>DISHWASHERS _____</p> <p>HOT WATER TANKS _____</p> <p>FLOOR DRAIN _____</p> <p>ROOF DRAIN _____</p> <p>OTHER (SPECIFY) _____</p> <p>TOTAL FIXTURES: _____</p>	<p><b>FEES: *</b></p> <p>TOTAL FIXTURES: ( _____ ) X \$7.00 = \$ _____</p> <p>Residential \$15.00/unit \$ _____</p> <p>OR</p> <p>Instit., Comm., Indust., Gov't. \$75.00 \$ _____</p> <p>INGROUND PLUMBING: \$50.00 \$ _____</p> <p>(ONLY Instit., Comm., Indust., Gov't., Mtpl. Dwellings)</p> <p>TOTAL FEES: \$ _____</p> <p style="text-align: right;"><b>* MINIMUM FEE: \$50.00</b></p>
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**SEWER INFORMATION**

DIAMETER (INCHES)	LENGTH (METRES)	FEE *	PER UNIT CHARGE	NO. OF	TOTAL FEE
4 INCHES	_____	\$ _____	CATCHBASINS \$40.00	_____	\$ _____
6 INCHES	_____	\$ _____	MANHOLES \$40.00	_____	\$ _____
_____	_____	\$ _____	<b>TOTAL FEES: \$ _____</b>		<b>* MIN. FEE: \$25.00</b>

- **\$6.00 PER 25MM OF PIPE DIAMETER FOR EACH 30 METRES OF LENGTH OR PART THEREOF**
- **ROAD CUT PERMITS ARE REQUIRED FOR ALL WORK WITHIN CITY ROAD ALLOWANCES**

**SEPTIC INFORMATION - CLASS 2 TO 5**

State Number Of	Bedrooms/Motel Units	People	Flush Toilets	Urinals	Washbasins	Showers or Bathtubs	Water Supply
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Proposed or Existing <input type="checkbox"/> Dug or bored well <input type="checkbox"/> Drilled Well <input type="checkbox"/> Municipal <input type="checkbox"/> Other
Total Fixture Units							

Attach completed sketch on Page 2. List other attachments.

<p><b>Relationship to severance (if applicable)</b></p> <p><input type="checkbox"/> Lot approval pending</p> <p><input type="checkbox"/> Lot approved, under Severance Application No. _____</p>	<p><b>Directions to lot (Highway No., Secondary Roads, Signs to Follow, etc.)</b></p> <p>_____</p>
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**REQUIRED TEST:** (Article 8.2.1.2. of the O.B.C. requires one of the following tests)

**Percolation Test:**

Hole 1	Hole 2	Hole 3	Highest Perc. Time
_____	_____	_____	_____

OR

**Unified Soil Classification:** \_\_\_\_\_



# CALCULATION SHEET

## Ontario Building Code Proposed Requirements Residential Sewage Disposal System

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

### 1. Sewage Flow

a) Number of bedrooms: \_\_\_\_\_ = \_\_\_\_\_ Litres (1)

ADD

b) Living Space: \_\_\_\_\_ m<sup>2</sup>  
 Each 10 m<sup>2</sup> over 200m<sup>2</sup> up to 400 m<sup>2</sup>: \_\_\_\_\_ x 100 = \_\_\_\_\_ Litres  
 Each 10 m<sup>2</sup> over 400m<sup>2</sup> up to 600 m<sup>2</sup>: \_\_\_\_\_ x 75 = \_\_\_\_\_ Litres

**Total: \_\_\_\_\_ Litres (2)**

**OR ADD (whichever is the larger flow)**

c) Total Fixture Units: \_\_\_\_\_  
 Each Fixture Unit Over 20: \_\_\_\_\_ x 50 = \_\_\_\_\_ Litres (3)

**Total Sewage Flow: (Q) (Add 1 + 2 or 3) \_\_\_\_\_ Litres**

### 2. Septic Tank Size

Residential Occupancy: Sewage Flow: \_\_\_\_\_ x 2 = \_\_\_\_\_ Litres (Minimum – 3600 Litres)  
 Recommend \_\_\_\_\_ Litre Tank

### 3. Leaching Bed Size

Length of Pipe =  $\frac{\text{Sewage Flow} \times \text{Percolation Time}}{200}$

$L = \frac{QT}{200} = \frac{\quad \times \quad}{200} = \quad$  m. of trench     $\quad$  ft. of trench  
 Rounded to:  $\quad$  m. of trench     $\quad$  ft. of trench

### 4. Loading Rate for Fill-Based Absorption Trenches and Filter Beds

Loading Rates	Percolation Time	Loading Rate (L/ m <sup>2</sup> /day)
	1-20	10
	20-35	8
	35-50	6
	> 50	4

Sewage Flow ÷ Loading Rate = \_\_\_\_\_ m<sup>2</sup> of contact area  
 \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_ m<sup>2</sup> of contact area

### 5. Filter Bed Size

Sewage Flow < 3000 Litres/Day: Sewage Flow ÷ 75 = m<sup>2</sup>  
 \_\_\_\_\_ ÷ 75 = \_\_\_\_\_ m<sup>2</sup> of filter bed

Sewage Flow > 3000 Litres/Day: Sewage Flow ÷ 75 = m<sup>2</sup>  
 \_\_\_\_\_ ÷ 50 = \_\_\_\_\_ m<sup>2</sup> of filter bed

### 6. Filter Bed Contact Area of Filter Sand

Area =  $\frac{\text{Sewage Flow} \times \text{Percolation Rate}}{850} = \quad$  m<sup>2</sup> of contact area

$A = \frac{QT}{850} = \frac{\quad \times \quad}{850} = \quad$  m<sup>2</sup> of contact area

**Expanded contact area is to be no less than the filter bed size.**

Owner/Contractor/Designer's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SOIL CONDITION	
Depth (metres)	Soil Type
0 _____	_____
0.5 _____	_____
1.0 _____	_____
1.5 _____	_____
Show Rock Elevations	_____
Show Water Table	_____ W _____

## INFORMATION TO APPLICANTS FOR BUILDING PERMITS

### **PERMIT APPLICATION:**

Building Permits are processed in the order in which they are received and in accordance with the timelines set out in the Building Code Act.

### **DRAWINGS:**

- Drawings to scale. Scale to be indicated.
- Elevation views.
- Plan views per floor.
- Cross-sectional detail to include foundation wall fill height, type of wall, thickness, footing size, floor size, perimeter drain size and location, and gravel bedding.
- Joist sizes, types, spans and spacing.
- Beam size, spans, columns, and footing.
- Full cross-sectional detail for cathedral ceilings or roofs to include joist size, depth of insulation, ventilation air space and access top and bottom, and purlins.
- Bathroom ventilation, attic hatch size and locations, garage door closure, and other miscellaneous details.
- Truss design and truss layout plan.
- Plumbing and electrical, including 3-way switch for basement stair when secondary entrance provided, or basement finished.
- Fireplace rough-in clearances to combustibles.
- Crawl space ventilation, heights, poly ground sheet and cover, insulation support, heating and access.
- Woodstove and Fireplace Construction details, including clearances to combustibles and type of chimneys.

### **ADDITIONS:**

- Same details as above for new construction, along with connection details between new and old construction.

### **DECKS:**

- Plan View, including guard and handrail locations.
- Cross-sectional detail, including guard sideview and design number from SG-7, post sizes and locations, footing sizes and locations, joist and header sizes.

### **POOLS:**

- Location and dimensions of pool and enclosure , including distances to property lines, to be shown on plan view.
- Deck location to be shown including construction plans noted above.
- Pump, related equipment and enclosures to be shown, with dimensions to pool and property lines.
- Side view of new and existing chain link fence to be shown.
- Retaining walls to be shown.

### **INSPECTIONS:**

A minimum of 48 hours notice is required at the following stages of construction:

- 12) Services (prior to covering)
- 13) Excavation (prior to pouring footings)
- 14) Foundation (prior to backfilling)
- 15) Underground Plumbing (prior to covering)
- 16) Framing, Plumbing and Mechanical Rough-in (prior to insulation)
- 17) Septic system 1) Prior to covering; 2) final
- 18) Wood Burning Appliance
- 19) Insulation & vapour barrier (prior to drywall)
- 20) Fire Separations & Fire stopping
- 21) Prior to filling a swimming pool with water
- 22) Final (prior to occupancy)
- 23) Electrical Permits and inspections may be required through the Electrical Safety Authority at 1-800-369-7536.
- 24) Gas Appliance Permits and inspections are required and can be arranged through Union Gas at 1-800-936-4569.