 <p><b>CORPORATION OF THE TOWNSHIP OF EAR FALLS</b>  P. O. Box 309  Ear Falls, ON P0V 309  <b>Phone: 807-222-3624</b>  <b>Fax: 807-222-2384</b>  <a href="http://www.ear-falls.com">www.ear-falls.com</a></p>	<h2>Additional Information For Building Permit to Construct</h2>	Permit No.
		Property Identifier
	<p><i>Building Code Act, S.O. 1992, Chapter 23.8-(1). Applicants are required to submit a separate application for each temporary structure, or structure to be constructed or demolished.</i></p> <p><i>All construction must conform to the Ontario Building Code, Ontario Regulation 350/06, as amended.</i></p> <p><i>A Builders Registration Number is required by the Ontario New Home Warranty Plan Act, S.O. 1980, Chapter 350.6, as amended.</i></p> <p><b>Construction must not start until a permit has been issued.</b>  <i>The issuance of a permit does not relieve the applicant from conforming with all applicable regulations and municipal by-laws.</i></p>	Date of Application
		<p><b>APPLICANTS ARE REQUIRED TO COMPLETE ALL PAGES OF THIS APPLICATION</b></p>

**Owners Info:** Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Street Address of Project Site: \_\_\_\_\_

Legal Address of Project Site (Plan, Lot, Parcel): \_\_\_\_\_

Has Contractor's Information been given in the Provincial Application to Construct or Demolish? Yes  No

If not, then please fill out the following information about the Contractors:

**Contractors Info:** Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ONHWP Reg. No. \_\_\_\_\_

Cell (optional): \_\_\_\_\_ Fax: \_\_\_\_\_ Email (optional): \_\_\_\_\_

<p><b>A. OTHER AGENCY REQUIREMENTS</b></p>
<p><b>Applicants must contact the following directly for permits:</b> HydroOne, Electrical Safety Authority, Ministry of Transportation (MTO), Ministry of Natural Resources (MNR), Northwestern Health Unit and Bell Canada</p> <p>For these services, contact:</p> <p><b>Road access/curb cuts:</b> Public Works Division – 222-3624</p> <p><b>Municipal Sewer and/or Water:</b> Public Works Division – 222-3624.</p> <p><b>Private Sewage Systems (Northwestern Health Unit):</b> Doug Vergunst - 1-800-830-5978</p> <p><b>MNR:</b> Red Lake Office – 727-2253</p> <p><b>MTO:</b> Ear Falls Office – 222-3624</p> <p><b>Electrical Safety Authority</b> - 1-877-372-7233; website: <a href="http://www.esasafe.com">www.esasafe.com</a></p> <p><b>Fire Chief:</b> Darryl Desjardins – 222-3733</p> <p><b>Ministry of Labour:</b> Lyle Wiebe - 1-807-223-4339</p> <p><b>Tarion (Formerly Ontario New Home Warranty Program):</b> 1-877-982-7466</p>

**B. OTHER 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:**

<b>Approvals Required</b>	<b>Type of Permission Required</b>	<b>Permit/ Reference Number</b>	<b>Date</b>
<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. SITE PLAN**

**SITE PLAN – IF A SURVEY IS NOT INCLUDED WITH THE PLANS, develop a SITE PLAN, using the attached SAMPLE SITE PLAN (Last Page) as a reference and guide.**

**Site Plan must show:**

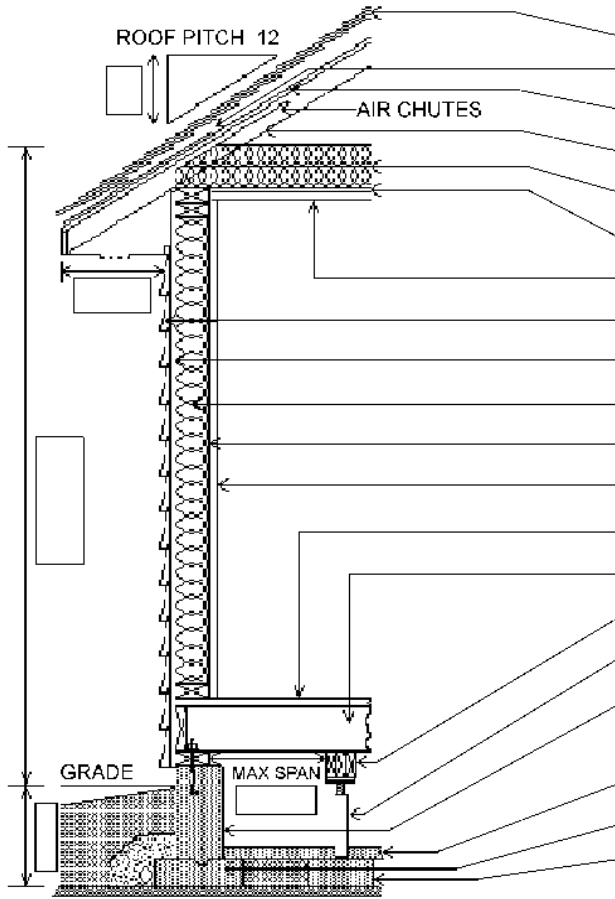
- **All existing and proposed construction;**
- **Setbacks for existing and proposed construction;**
- **Drainage control and direction;**
- **Driveway and parking areas;**
- **Septic field and well locations.**

**D. LAND SURVEY**

**If proposed construction is within 10% of required set-back, 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 granted.

**THIS SKETCH MAY BE USED INSTEAD OF PLANS FOR SMALL PROJECTS**



ITEM	TYPE	SIZE/SPACING
ROOFING		
EAVES PROTECTION		
ROOF DECK		
TRUSSES		
INSULATION		
VAPOUR BARRIER		
CEILING FINISH		
EXTERIOR FINISH		
SHEATHING		
WALL INSULATION		
FRAMING		
INTERIOR FINISH		
SUB-FLOOR		
FLOOR JOISTS		
FLOOR BEAM		
SUPPORT POSTS		
FOUNDATION WALL		
GRADE BEAM		
FLOOR SLAB		
WALL FOOTING		
COLUMN FOOTING		

**E. CHECK-LIST OF ATTACHMENTS**

**Please Submit Two (2) Copies Of All Plans – One Hard Copy Will Be Returned With The Permit For Use On Site During Construction – The On-Site Set Must Be Available During Inspections.**

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

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.

**F. 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** .....  
Representative, Township of Pickle Lake Owner

**Dated at the Township of Ear Falls, Ontario this ..... day of ..... 20.....**

**G. NEW HOME DECLARATION (To Be Filled In By Builders Of New Homes Only)**

**I certify that this application is for a dwelling not required to be registered pursuant to the *ONTARIO NEW HOME WARRANTIES ACT*, and such dwelling is either:**

- a) A seasonal dwelling not suitable for year round occupancy, and additional permits are required for future conversion to be suitable for year round occupancy, **OR**
- b) A dwelling suitable for year round occupancy, the construction of which is being substantially performed by myself, for my own occupancy, and will not be sold to a third party without being occupied by myself for a period of not less than three months, and that the following work is to be performed by myself: .....

**I acknowledge that to build for resale without being registered with the *Ontario New Home Warranties Program* is illegal.**

**Dated at the Township of Pickle Lake, Ontario this ..... day of ..... 20.....**

**Witness** ..... **Signed** .....  
Representative, Township of Ear Falls Owner or Authorized Agent of the Owner

**H. PERMIT FEE**

**CONSTRUCTION**

All Construction ..... \$5.50 per \$1,000.00 \$ .....

**WITHDRAWAL OF APPLICATION**

Withdrawal of Application ..... \$50.00 \$ .....

**TRANSFER OF PERMIT**

Transfer of Permit ..... \$50.00. \$ .....

**MINIMUM PERMIT FEE**

Minimum Permit Fee ..... \$50.00. \$ .....

**TOTAL TO PAY \$ .....**

**I. DECLARATION TO BE FILLED IN BY ALL APPLICANTS**

I, the undersigned, \_\_\_\_\_, am the  Owner  Authorized Agent of the Owner named in the application herein, and certify the truth of all of the statements or representations contained herein.

I understand that the issuance of a **Building Permit** shall not be deemed a waiver of any provisions of any By-Laws or requirements of the **Building Code Act** or any regulations made thereunder, notwithstanding anything included or omitted from the plans or other material filed in support or connection with the application herein.

I acknowledge that in the even a **Building Permit** is issued, any departure from plans, specifications or building locations proposed in this application is prohibited, and such could result in the **Building Permit** being revoked.

I further acknowledge that in the event that the **Building Permit** is revoked for any cause or irregularity or non-conformity with By-Laws or requirements of the **Building Code Act**, or any regulations thereunder, there shall be no right of claim whatsoever against the **Corporation of the Township of Ear Falls** or any official thereof and any such claim is hereby expressly waived.

Dated at the Township of Ear Falls, Ontario this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Witness \_\_\_\_\_ Signed \_\_\_\_\_  
Representative, Township of Ear Falls Owner or Authorized Agent of the Owner

**J. 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: \_\_\_\_\_

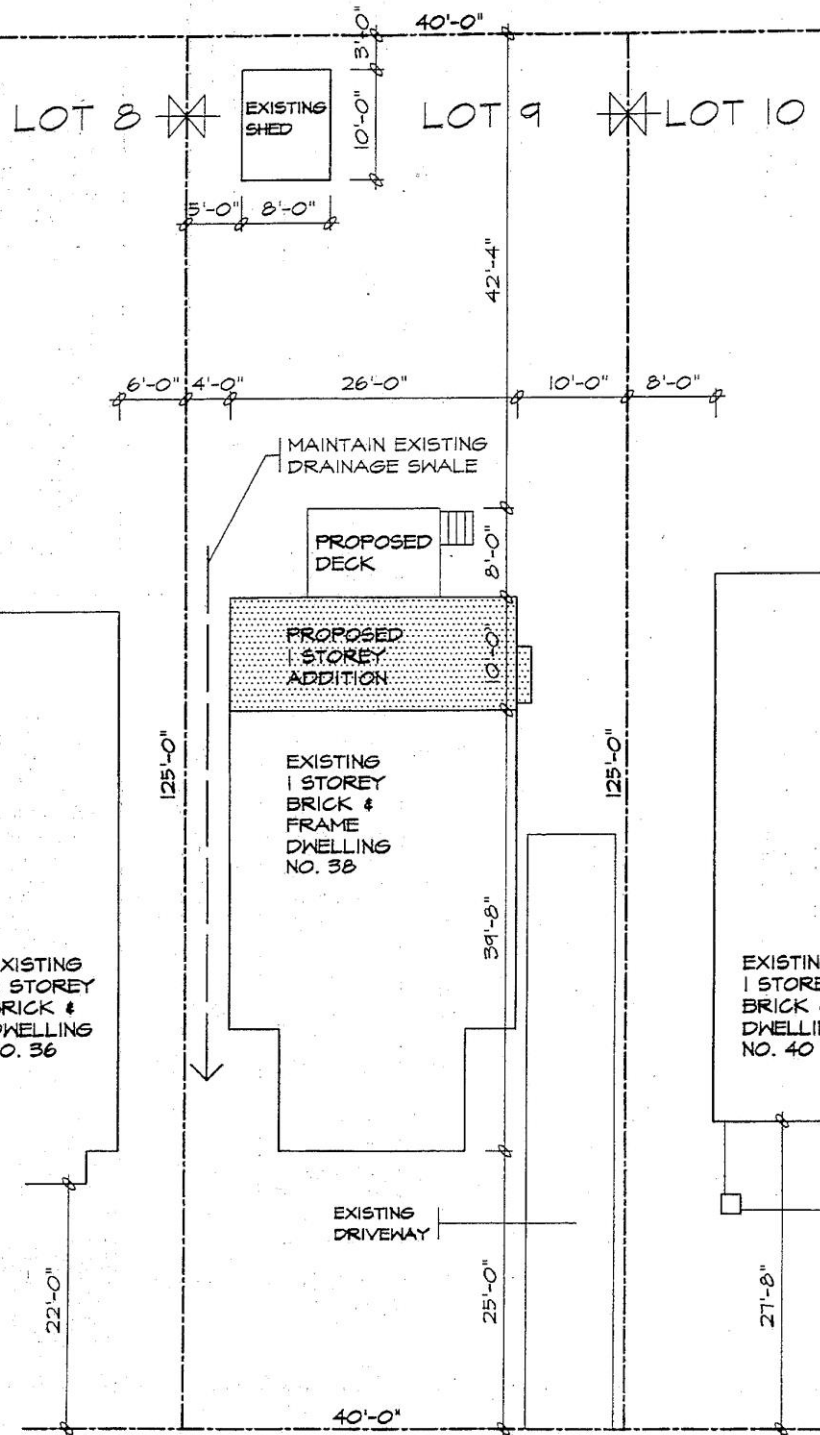
Summary of Zoning By-law: \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 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

KHALMUR CRESCENT

T			
A			
C			
B			
D			
C			

SAMPLE DRAWING FOR PERMIT APPLICATION

SITE PLAN & ZONING INFORMATION

DWG. NO.

A03

07-98