

 <p><b>CORPORATION OF THE TOWNSHIP OF EAR FALLS</b>  2 Willow Crescent – P. O. Box 309  Ear Falls, ON P0V 3A0  <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>Building &amp; Moving Permit Application for Modular/Mobile Buildings/Structures</h2>	Permit No. _____ Property Identifier _____ Date of Application _____
	<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. A Builders Registration Number is required by the Ontario New Structure Warranty Plan Act, S.O. 1980, Chapter 350.6, as amended. Construction must not start until a permit has been issued.</i></p> <p><i>The issuance of a permit does not relieve the applicant from conforming with all applicable regulations and municipal by-laws.</i></p>	<p><b>APPLICANTS ARE REQUIRED TO COMPLETE ALL APPLICABLE PARTS OF THIS APPLICATION</b></p>

**Owner's Info: Name:** \_\_\_\_\_

**Daytime phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email :** \_\_\_\_\_

**Owner's Street Address:** \_\_\_\_\_

**Owner's Mailing Address:** \_\_\_\_\_

**Permit Applicant's Info (if different from owner): Name:** \_\_\_\_\_

**Permit Applicant's Address (if different from owner):** \_\_\_\_\_

**Daytime phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail :** \_\_\_\_\_

**Applicant's role in the project:**  Moving contractor  Building Contractor  Other (specify) \_\_\_\_\_  
(If different from owner)

**Street Address of where structure moving to:** \_\_\_\_\_

**Legal Address of where structure moving to:** \_\_\_\_\_

**Is the structure moving from within Ear Falls?**  Yes  No **From (address):** \_\_\_\_\_

**Have Appropriate Authorities (I e: Bell, Hydro One, Township of Ear Falls, etc.) been contacted, re: possible Lines Crossing the Roadway?**  Yes  No

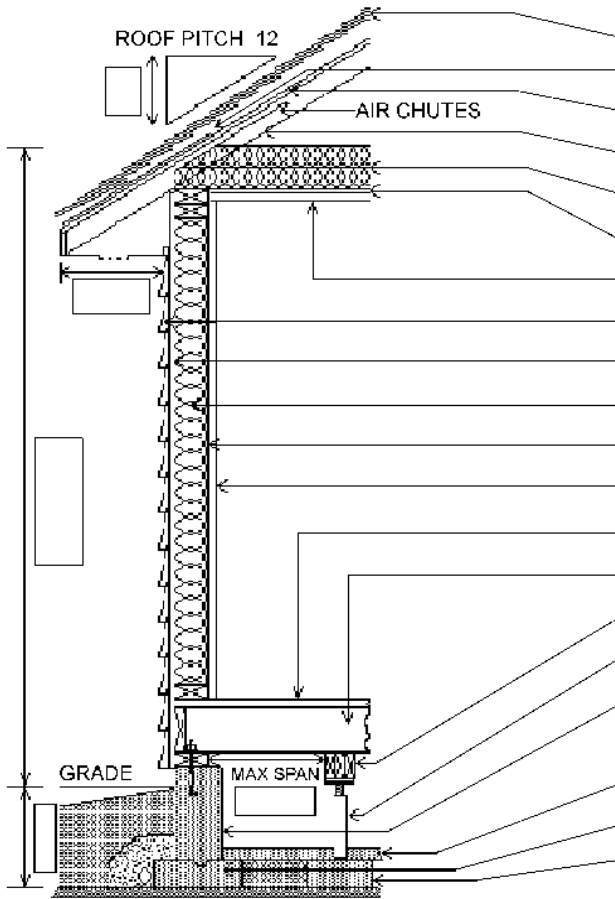
**Setbacks:** Front \_\_\_\_ ft. Rear \_\_\_\_ ft. Side yard on one side \_\_\_\_ ft. Side yard on the other side \_\_\_\_ ft

**Is any of the side yards an exterior side yard?**  Yes  No

**Total area of all other structures combined (garage, shed, etc...), if present** \_\_\_\_\_ sq. ft.

FOR OFFICE USE ONLY			
Zoning of Property: .....	Zoning Conformity: Yes <input type="checkbox"/> No <input type="checkbox"/>	.....	Height of Structure .....
Front yard .....	Interior side yard .....	Exterior side yard .....	Rear yard ..... Lot area .....
Use allowed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Minor variance required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Lot Coverage % .....	
O.P.A. required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Z.B.A. required: Yes <input type="checkbox"/> No <input type="checkbox"/>		

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		

**CHECK-LIST OF ATTACHMENTS**

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

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| SITE PLAN:  | <input type="checkbox"/> | FLOOR PLANS:             | <input type="checkbox"/> |
| FOUNDATION PLAN:                                  | <input type="checkbox"/> | FRAMING PLAN:            | <input type="checkbox"/> |
| ROOF PLANS:                                       | <input type="checkbox"/> | REFLECTED CEILING PLANS: | <input type="checkbox"/> |
| SECTIONS & DETAILS:                               | <input type="checkbox"/> | BUILDING ELEVATIONS:     | <input type="checkbox"/> |
| ELECTRICAL DRAWINGS:                              | <input type="checkbox"/> | PLUMBING DRAWINGS:       | <input type="checkbox"/> |
| HEATING, VENTILATION & AIR CONDITIONING DRAWINGS: |                          |                          | <input type="checkbox"/> |

The Chief Building Official may specify that not all of the above mentioned plans are required to accompany an application for a permit.

**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 Building Permit, then a new permit application is to be submitted for the remainder of work.

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.

Is the structure new?  Yes  No If older, approximately how old is the structure? \_\_\_\_\_ years

Certification of structure:  CAN/CSA-Z240.2.1  CSA A-277  Other (specify) \_\_\_\_\_

Name & address of manufacturer: \_\_\_\_\_

Model Number \_\_\_\_\_ Area : \_\_\_\_\_ sq. ft.

Name of contact at the manufacturer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are there other mobile structure/modular structures on the property?  Yes  No If yes, how many? \_\_\_\_\_

Name & Address of moving company: \_\_\_\_\_

Contact person at the moving company: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person building the foundation that the mobile structure will rest upon: \_\_\_\_\_

Ph: \_\_\_\_\_ Cell : \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Minor Variance / Zoning By-Law Amendment File Number (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Summary of Minor Variance / Z.B.L.A.: \_\_\_\_\_

**SITE PLAN - IF A SURVEY IS NOT INCLUDED WITH THE PLANS.**

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.

Develop a Site Plan using the attached sample site plan as a reference and guide.

Site Plan must show:

- All existing and proposed construction
- Setbacks for existing and proposed construction
- Indicate all streets, waterways and lot lines, shoreline road allowance
- Drainage control and direction
- Driveway and parking areas
- Septic field and well locations

SHOW DISTANCES TO ALL LOT LINES AT THE SHORTEST POINTS. PLEASE INDICATE ALL STREETS, LANES AND WATERFRONT AND SHOW NORTH - DIMENSIONS MUST CONFORM TO THE ZONING BYLAW OR ANY MINOR VARIANCE GRANTED

**CONSTRUCTION DETAILS IF BASEMENT IS BUILT UNDER THE STRUCTURE**

**Construction Type:** Reinforced Concrete:  Steel Frame:  Wood Frame:  Solid Masonry:  Other: \_\_\_\_\_

**Garage:** Attached:  Detached:  One-car:  Two-Car:  Garage Size: \_\_\_\_\_ **Other Structures:** \_\_\_\_\_

**Exterior:** Brick:  Stone:  Vinyl:  Wood:  Other: \_\_\_\_\_ **Heating:** Gas:  Oil:  Electric:  **HRV:**

**Foundation:** PWF:  Concrete:  Concrete Block:  **Concrete Strength:** Footings \_\_\_\_\_ Floor \_\_\_\_\_ Walls \_\_\_\_\_

**Basement Wall Sheathing** (Type & Thickness): Walls \_\_\_\_\_ **Thermal Insulation:** Basement Walls: R \_\_\_\_\_

**Joists: First Floor:** 2 x \_\_\_\_\_ @ \_\_\_\_\_ O.C. Max Span: \_\_\_\_\_ **Wall Studding:** 2 x \_\_\_\_\_ @ \_\_\_\_\_ O.C.

**Will All Joists Be Bridged?** Yes:  No:  **Strapped?** Yes:  No:

**Number of Rooms in the Basement:** Bedroom: \_\_\_\_\_ Bathroom: \_\_\_\_\_ Family Room: \_\_\_\_\_ Dining Room: \_\_\_\_\_ Kitchen: \_\_\_\_\_

**Flooring in basement (Rooms):** Carpeting: \_\_\_\_\_ Hardwood: \_\_\_\_\_

Vinyl: \_\_\_\_\_ Tile: \_\_\_\_\_ Concrete: \_\_\_\_\_

**FEES**

Building Permit .....	\$5.50 Per \$1,000.00 of Cost over \$3,001.00	\$ .....
Withdrawal of Permit .....		\$ 50.00 .....
Transfer of Permit .....		\$ 50.00 .....
Moving Permit.....	\$100.00 Per Structure	\$ .....

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

**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 Ear Falls Owner

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

**DECLARATION**

I, the undersigned, ....., **am the Owner/Authorized Agent of the Owner** named in the application herein and certify the truth of all 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 event 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 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 made 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.

**The following is applicable to OWNER BUILT STRUCTURES only.**

I, certify that this application is for a dwelling not required to be registered pursuant to the **Ontario New Structure Warranties Act**, that such dwelling is either:

a) A seasonal dwelling not suitable for year round occupancy and that 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 first being occupied by myself for a period 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 **Tarion Warranty Corporation** is illegal.

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

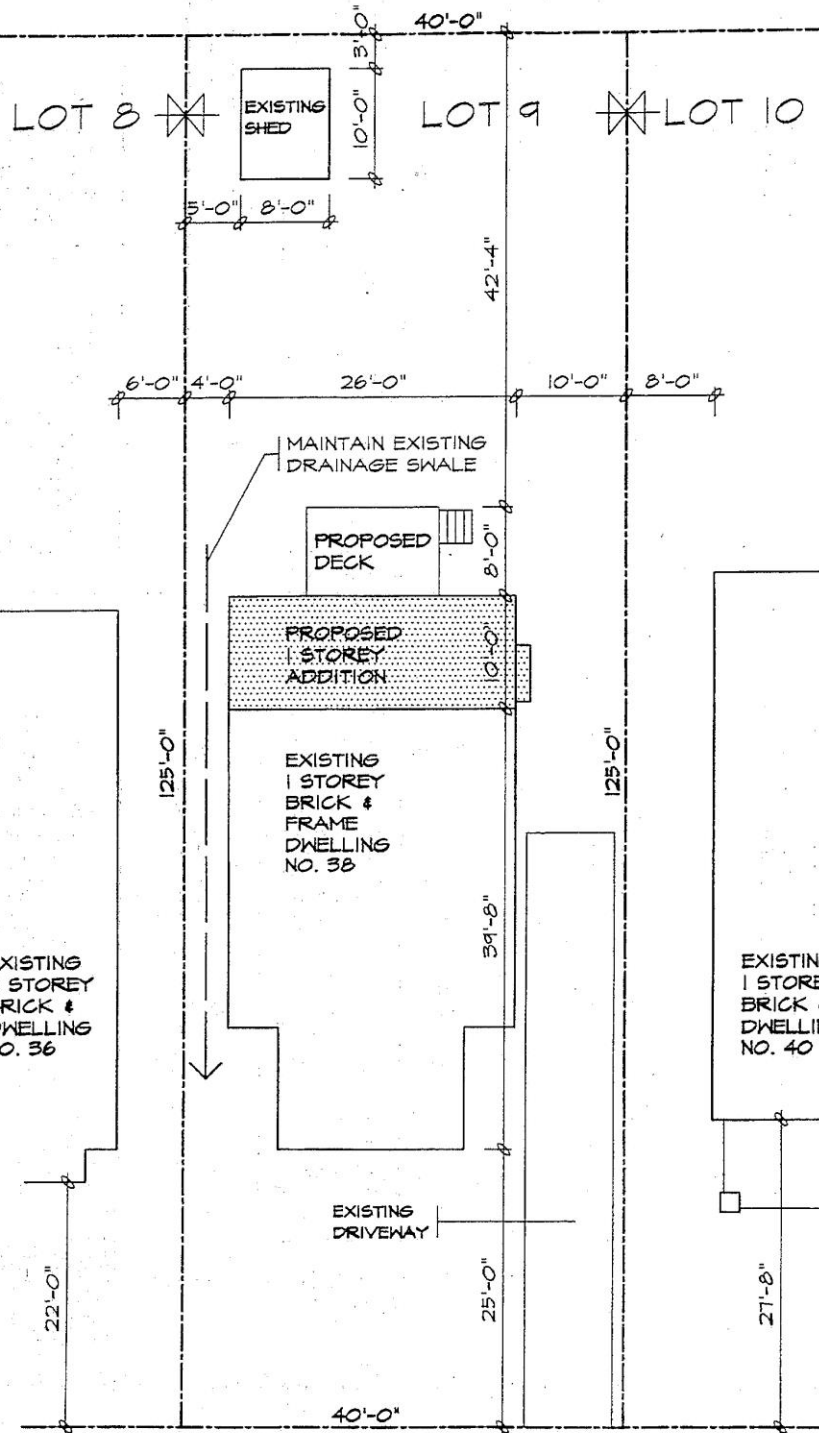
**Witness** ..... **Signed** .....  
Representative, Township of Ear Falls Owner or Authorized Agent of the Owner

**For Office use only**

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