



TOWN OF LAKESHORE

419 Notre Dame, Belle River, ON, N0R 1A0

519-728-2818

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:

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. Applicant

 Applicant is: Owner or 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

- New construction
 Addition to an existing building
 Alteration/repair
 Demolition
 Conditional Permit

Proposed use of building	Current use of building
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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 *Ontario New Home Warranties Plan Act*? If no, go to section G. Yes No
- ii. Is registration required under the *Ontario New Home Warranties Plan Act*? Yes No
- iii. If yes to (ii) provide registration number(s): _____



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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 _____ (print name) _____ certify that:

- 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.

FOR OFFICE USE ONLY

Building Sq. Ft. _____

Garage Sq. Ft. _____

FEES

Building Permit _____
 Plumbing Permit _____
 Indemnity Deposit _____
 Development/
 Impost Charge _____
 Drainage Fee _____
 Ed. Dev Chg _____
 Water Permit _____
 Park Dedication _____
 Sign (911) _____
 Entrance _____

||| Total \$ _____

Classification _____

Zoning District _____

By-Law Number _____

Date Permit Issued _____

Approved by _____

Chief Building Official

White Copy - Town/Yellow Copy - Assessment
Pink Copy - Applicant

For Office Use Only

Demolition Permit Information

A. Project Information			
Building number, street name		Roll No.:	Lot/con.
Municipality		Plan number/ other description	
B. Individual / Company performing demolition on building			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax number ()	Cell number ()	
C. Reason for Demolition:			
Describe the reason for demolition:			
D. Building Type proposed to be demolished:			
<input type="checkbox"/> House <input type="checkbox"/> Other (specify building type) _____			
Description of Building Proposed to be demolished:			
Please answer the following questions: 1) Building is more than 3 stories: (yes / no) _____ 2) Greatest Horizontal Floor Area of Main Floor exceeds 600 square meters (6460 sq. ft.): (yes / no) _____ 3) The building contains pre-tension or post tensioned members?: (yes / no) _____ 4) Will the removal of the footings and foundation affect angle of repose of adjacent buildings?: (yes / no) _____ 5) Will explosives or laser be used for demolition?: (yes / no) _____; if yes what type: _____ (explosive or laser) NOTE: IF "YES" WAS ANSWERED FOR ANY OF THE ABOVE QUESTIONS PLEASE PROVIDE A DEMOLITION PLAN FROM A QUALIFIED ENGINEER FOR DEMOLITION.			
E. Type of Demolition:			
Describe type of method of demolition:			
F. Building Vacancy:			
1) Have all occupants vacated the building? (yes / no) _____			
2) Date when occupants will vacate the building: _____			
G. Declaration of owner / applicant			
I _____ declare that,			
(print name)			
Applicant to check each box below to indicate that each line was read and the content was fully understood before signing the document:			
1. <input type="checkbox"/> The information contained in this form is true to the best of my knowledge.			
2. <input type="checkbox"/> I understand that it is my responsibility to notify all agencies my intent to demolish and have ensured all services have been disconnected and existing services located prior to start of demolition. (i.e. Town of Lakeshore Treasury Dept.(519-728-2700, ext 301), Town of Lakeshore Environmental Services (519-728-2488), Hydro Company, Ontario One Call, Union Gas, etc.)			
3. <input type="checkbox"/> Water line to be disconnected and inspection scheduled with the Town of Lakeshore Environmental Services (519-728-2488).			
4. <input type="checkbox"/> Return water meter to Town of Lakeshore Environmental Services (519-728-2488).			
5. <input type="checkbox"/> Inspection will be scheduled for the capping of Sanitary and Storm Sewer lines at the property line (Town of Lakeshore Environmental Services (519-728-2488), and Town of Lakeshore Building Department (519-728-2818)).			
6. <input type="checkbox"/> All demolished debris and refuse will be brought to a landfill or recycled.			
Date		Signature of Applicant	
H. AUTHORITIES TO BE NOTIFIED: THIS SECTION IS FOR OFFICE USE ONLY:			
<input type="checkbox"/> FIRE DEPARTMENT (FAX: 519-728-2545)			
<input type="checkbox"/> ENVIRONMENTAL SERVICES DEPARTMENT			