



6648 Road 506, Plevna, Ontario K0H 2M0
Tel: (613) 479-2231 or 1-800-234-3953, Fax: (613) 479-2352
www.northfrontenac.com

Building Application Checklist

Demolition

When submitting an Application you will require:

- A complete Application for a Permit to Construct or Demolish
- An \$80 Non-Refundable Deposit submitted with the complete Application
- A copy of the deed or tax bill showing the Applicant as the Registered Owner
- A complete set of drawings (11x17 preferred) showing floor plans, elevations, cross sections, truss layout, etc. for partial demolitions
- Plot Plan – including location of proposed building, septic, other buildings, lot lines, high water mark, hydro lines, etc.
- Setback Waiver
- Proposed Setback/Zoning Form
- Letter of Authorization/Direction (if you are having someone act of your behalf)

Also, check with the Chief Building Official for the following requirements:

- Application for Review of Performance Level of Existing Onsite Sewage System to be submitted to KFL&A Public Health and approval provided with Application.
- Conservation Authority, Ministry of Natural Resources and Forestry (MNRF), Agriculture and Environment Approval.

Note: All permit Applications must be complete and the non-refundable deposit received before we can review them.

Once Application is approved:

- Permit Fee is payable (Building Department to calculate)
- Permit card must be posted on site within view.
- It is the sole responsibility of the applicant/owner to ensure that all inspections are completed.
- 48 hours' notice is required for all inspections.
- All materials from demolition shall be removed from the site prior to inspection.

Any Hydro One Permit(s) are required through Hydro One (1-877-372-7233)

Any changes to the structure during construction may require a revision or re-submission of any required documents or plan.

Note: Attached Municipal Property Assessment Corporation (MPAC) Section 357/358

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

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 ²)		
B. Purpose of application				
New construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building		Current use of building		
Description of proposed work				
C. 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	
D. 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	

E. 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
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.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes	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.			Yes	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> .			Yes	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.			Yes	No
iv) The proposed building, construction or demolition will not contravene any applicable law.			Yes	No
I. Declaration of applicant				
I _____ declare 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. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.				
_____		_____		
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.

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.	
Municipality	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]			
House	HVAC – House	Building Structural	
Small Buildings	Building Services	Plumbing – House	
Large Buildings	Detection, Lighting and Power	Plumbing – All Buildings	
Complex Buildings	Fire Protection	On-site Sewage Systems	
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>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>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>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. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Designer </p>			

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) 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.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Sewage system installer			
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 3.3.1.1, Division C?			
Yes (Continue to Section C)	No (Continue to Section E)	Installer unknown at time of application (Continue to Section E)	
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	
D. Qualified supervisor information (where answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p>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>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"> 1. The information contained in this schedule is 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="text-align: center;">Date Signature of applicant</p>			



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Proposed Setback / Zoning Form

Permit #: _____

Roll Number: 1042 _____

Civic Address: _____

Current Zoning: _____

If on waterfront, do you own your Shore Road Allowance: Yes No

Front Yard Setback (Road): _____m **OR** Front Yard Setback (Lakeshore) _____m

Side Yard Setback #1: _____m Side Yard Setback #2: _____m

Rear Yard Setback: _____m

Owner/Agent (please print)

Date

Signature



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Setback Waiver

Permit #: _____

Roll Number: 1042 _____

Civic Address: _____

To the Township of North Frontenac:

The Owner/Agent hereby acknowledges that the issuance of a building permit and/or a general site review by the Building Department staff is not confirmation that all required zoning and property setbacks have been adhered to. This includes, but is not limited to, separation of structures to the high water mark, lot lines, septic systems and other structures. It is understood that it is the sole responsibility of the owner/agent to meet the zoning and property setback requirements and that the Township takes no responsibility should problems arise due to building placement.

Owner/Agent (please print)

Date

Signature



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Occupancy Notice

Permit #: _____

Roll Number: 1042 _____

Civic Address: _____

To the Township of North Frontenac:

The owner(s) hereby acknowledge that due to new requirements of the Ontario Building Code (Division C, Part 1, Article 1.3.3.4.); an occupancy permit must be in place prior to any occupancy of a seasonal or permanent residence effective January 1, 2012.

The owner(s) further acknowledges that failure to comply with this requirement is an offence and upon conviction, the owner(s) may be liable to the payment of fines and such other remedies as the courts may impose.

Owner/Agent (please print)

Date

Signature



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Letter of Direction/Authorization

Permit #: _____

Roll Number: 1042 _____

Civic Address: _____

To the Township of North Frontenac:

The Owner(s) of the above noted property herein direct and authorizes:

to act as my/our Agent in regards to the Application for a Building Permit for the construction of a building, addition, solid fuel application, deck or any other structure or demolition requiring a Building Permit at the above location

Date

Owner #1 (please print)

Signature

Owner #2 (please print)

Signature

Owner #3 (please print)

Signature

SECTION 357 / 358 / 359 APPLICATION
TO THE COUNCIL OR THE ASSESSMENT REVIEW BOARD

Application/Appeal #:
Taxation Year:

Municipality: Township of North Frontenac Roll Number: 10 - 42 -

Property Address: _____ Applicant Name: _____

Owner Name: _____ Contact Number: _____

Mailing Address: _____ Alternative Number: _____

_____ Email Address: _____

Reason for s357 application: (Check **one** box - applicable to s357 only)

Ceases to be liable for tax at rate it was taxed - 357(1) (a)	Became vacant or excess land - 357(1) (b)
Became exempt - 357(1) (c)	Sickness or extreme poverty- 357(1) (d.1)
Razed by fire, demotion or otherwise - 357(1) (d) (i)	Mobile unit removed - 357(1) (e)
Damaged and substantially unusable- 357(1)(d) (ii)	Gross or manifest clerical/factual error- 357(1) (f)
Repairs/Reno's preventing normal use (Min. 3 months) - 357 (1) (g)	

Details of Reason for s357, s358 or s359 application: _____

Effective from: / / to / / Applicant Signature: _____ Date: / /
(MM/DD/YY) (MM/DD/YY)

ASSESSMENT REPORT: MUNICIPALITY				TREASURER'S RECOMMENDATION TO COUNCIL				
Assessment Roll As Returned		Revised Since Roll Return		Assessment Report		School Bd: Eng Fr Other		
		Enter Revisions Below		No Change in Assessment		S357 Required for Next Year		
RTC/RTQ	2005 Base-year CVA	2008 Base-year CVA	Current Phased Assessment	Revised RTC/RTQ	Revised 2005 Base-year CVA	Revised 2008 Base-year CVA	Revised Current Phased Assessment	Change to Current Phased Assessment
Revised:				Reason for Change:				
Reason Original Assessment Revised: _____								

TREASURER'S REPORT ON TAX LIABILITY

RTC/RTQ	Taxable Assessment Reduction	Tax Rate	Days Months	Tax Adjustment	Original Levy

Recommended: No Adjustment Adjustment cancellation Refund Total Amount _____

Comments: _____

Treasury Position: _____ Signature: _____ Date: / /

COUNCIL OR ASSESSMENT REVIEW BOARD DECISION: Hearing Date (MM/DDNY): / /

Approved Amended & Approved Not Approved Applicant Did Not Appear Application Abandoned

Reason: _____

Appeared for Applicant: _____ Appeared for Municipality: _____

Signature of Council/ARB Member: _____ Name/Title: _____