



## Building Department

6648 Road 506

Plevna, Ontario, K0H 2M0

Telephone: (613) 479-2231, Fax: (613) 479-2352

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### Building Application Check List

## ***Solid Fuel Appliances***

### **A Non-refundable deposit required with application**

Applications for Solid Fuel Appliances require some additional information that must be provided by the appliance and chimney manufacturers. Please note that outdoor solid fuel fired appliances also require a permit.

The Township's Zoning By-law is one of the laws that your proposed solid fuel appliance will be reviewed against. In many circumstances (particularly with waterfront lots) a pre consultation with the Township's Planning and Building Departments can answer any questions you may have and avoid costly mistakes prior to construction.

The items in the list below may be required for a complete permit application. Upon review of the application, the Building Department may require further documentation or clarification.

1. Site plan – including location of proposed appliance, septic, lot lines, etc. (if required)
2. A non-refundable deposit with application
3. Manufacturer's clearance to combustibles for solid fuel appliances and chimney.
4. Permit fee. (Payment due when permit is picked up).
5. Copy of deed or tax bill
6. Setback Waiver (if required - Outdoor appliances only)
7. Proposed Setbacks/ Zoning form.
8. Health Unit Approval (may be required)

#### **Notes:**

1. Permit must be posted on site within view.
2. It is the sole responsibility of the applicant/owner to ensure that all inspections are completed.
3. 48 hours' notice is required for all inspections.
4. Hydro permit is required through Hydro One (1-877-372-7233)
5. **All permit applications must be complete before we can review them.**

## 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 <sup>2</sup> )	

#### 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)

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 ( )	

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) 585-8666.

## 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			
I _____ declare that (choose one as appropriate):			
(print name)			
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.			
Individual BCIN: _____			
Firm BCIN: _____			
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.			
Individual BCIN: _____			
Basis for exemption from registration: _____			
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 submitted this application with the knowledge and consent of the firm.			
_____ Date		_____ Signature of Designer	

**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="margin-left: 40px;">(print name)</p> <p style="margin-left: 40px;">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 style="margin-left: 40px;">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. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Date</p> <p style="margin-left: 200px;">_____</p> <p style="margin-left: 200px;">Signature of applicant</p>			



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**LETTER OF DIRECTION / AUTHORIZATION**

Permit# \_\_\_\_\_

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Civic Address (911 number) \_\_\_\_\_

Roll Number 1042 - \_\_\_\_\_

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To the Township of North Frontenac:

The owner(s) of the above noted property herein directs 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 appliance, deck or any other structures requiring a Building Permit at the above location.

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Date

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Owner (please print)

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Owner (Signature)

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Owner (please print)

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Owner (Signature)



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**Setback Waiver**

Permit # \_\_\_\_\_

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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.

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*Date*

*Owner/Agent (please print)*

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*Signature*



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**Proposed Setbacks/ Zoning**

Permit # \_\_\_\_\_

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Roll No. 1042 \_\_\_\_\_

Civic Address \_\_\_\_\_

Front Yard Setbacks \_\_\_\_\_ or Lakeshore Setback \_\_\_\_\_

Side Yard Setback \_\_\_\_\_ Side Setback \_\_\_\_\_ Rear Setback \_\_\_\_\_

Do you own your **Shore Road Allowance?** \_\_\_\_\_

Current Zoning \_\_\_\_\_

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*Date*

*Owner/Agent (please print)*

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*Signature*