

Building Permit Application

1 Project Information			
Date (mm/dd/yyyy)	Zoning	Folder number	Legal description
Site address			
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> SFD with Sec Suite <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Basement Finish <input type="checkbox"/> Plumbing* <input type="checkbox"/> Accessory <input type="checkbox"/> Addition / Alteration* <input type="checkbox"/> Demolition / Removal* <input type="checkbox"/> Agricultural	<input type="checkbox"/> Services <input type="checkbox"/> Mobile Home / Temporary Accessory* <input type="checkbox"/> Pool / Hot Tub* <input type="checkbox"/> Change of Owner / Use* <input type="checkbox"/> Storm / Sanitary <input type="checkbox"/> Sprinklers/Irrigation <input type="checkbox"/> Tenant Imp \$ _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi-family *Additional information required (please see reverse).	Value \$ _____ Pre-application meeting date _____ Inspector _____
Project Description			
Applicant name			
Address		City	Postal code
Phone	Email		
Owner name			
Address		City	Postal code
Phone	Email		
Builder name		Business license number	Expiry date
Address		City	Postal code
Phone	Email		
Inspection notices are emailed. Please provide an email address to receive inspection notices:			
MyTownship Access Code (provide 4 – 6 digits)		Access Code allows applicants to request building inspections and view permit information online at www.tol.ca/MyTownship	
Heating fuel	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Geothermal (P. Eng required) <input type="checkbox"/> Other		
Heating type	<input type="checkbox"/> Forced air <input type="checkbox"/> Hot water <input type="checkbox"/> In / Under slab <input type="checkbox"/> Heat pump (location)		
Storm system	<input type="checkbox"/> Municipal connection <input type="checkbox"/> Surface (daylight / ditch / watercourse) <input type="checkbox"/> Rock pit - Restrictive Covenant required		
Sanitary system	<input type="checkbox"/> Municipal connection <input type="checkbox"/> Septic (gravity / forced pumped line) <input type="checkbox"/> Septic (lift pump) Restrictive Covenant required		

2 Project Details

A Addition / Alteration, Demolition / Removal

Existing building constructed prior to 1990? Yes No

I have read and acknowledged the following: "If this building permit application involves a building constructed prior to 1990, I the applicant am aware that a Hazardous Material Survey may be required to be completed and a Notice of Project submitted to WorkSafe BC to ensure the home is safe for Township staff to enter."

Owner's signature _____

Date (mm/dd/yyyy) _____

B Pool / Hot Tub

Value of work \$ _____

Filter System <input type="checkbox"/> Cartridge <input type="checkbox"/> Sand filter/Rock pit	Pool <input type="checkbox"/> Inground <input type="checkbox"/> Steel <input type="checkbox"/> Above ground <input type="checkbox"/> Aluminum <input type="checkbox"/> Concrete <input type="checkbox"/> Vinyl lined	Hot tub <input type="checkbox"/> Inground <input type="checkbox"/> Above ground <input type="checkbox"/> Covered <input type="checkbox"/> Uncovered	Deck <input type="checkbox"/> Over 2' above grade <input type="checkbox"/> Covered <input type="checkbox"/> Uncovered <input type="checkbox"/> Not applicable	Gazebo <input type="checkbox"/> Size _____ <input type="checkbox"/> Not applicable
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C Mobile Home / Temporary Accessory

Contract price New _____ Used _____		Standard <input type="checkbox"/> CSA A277-M1990 <input type="checkbox"/> CAN/CSA Z240 MH Series-M86 <input type="checkbox"/> CSA Z240		Addition <input type="checkbox"/> Not applicable <input type="checkbox"/> To be constructed on site (plans required) <input type="checkbox"/> Factory built	
Year	Make	Model	Serial number	CSA number	Size
Registration number	Occupant		Relationship		Phone

D Plumbing

Number of fixtures	_____ Water closet	_____ Wash basin	_____ Kitchen sink	_____ Bar sink	_____ Shower heads
	_____ Bathtub	_____ Laundry tray	_____ Floor drain	_____ Roof drain	_____ Backflow
	_____ Auto wash	_____ Hot water tank	_____ Urinal	_____ Shower	_____ Other

3 Change of Ownership

A Freehold Transfer or Title Search is required (no older than 30 days).

Schedules & sealed drawings from Engineer New received Letter from Engineer noting change of owner

Yes No Construction is underway Yes No HPO form in new owner / builder's name
 Yes No Letter from Previous owner authorizing use of drawings Yes No Cheque enclosed for bonds (damage / siltation / security)
 Yes No Letter authorizing transfer of bond to new owner

4 Signature

I hereby confirm that the information supplied in support of this application is true and correct.

Applicant / Owner / Agent's signature _____

Print name _____

Date (mm/dd/yyyy) _____

Company name _____

Phone _____