

Application for a Change of Use Permit

This form is authorized under subsection 10(1) of the Building Code Act.

| 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 | | | |
| Proposed Use of Building/Tenant | | Current Use of Building/Tenant | |
| Description of Proposed Work | | | |
| C. Applicant | | | |
| Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Agent of Owner | | | |
| Last Name | | First Name | |
| Street Address | | Corporation or Partnership | |
| Municipality | Postal Code | Province | E-mail |
| Telephone Number () | Fax Number () | | Cell Number () |
| D. Owner (if different from applicant) | | | |
| Last Name | | First Name | |
| Street Address | | Corporation or Partnership | |
| Municipality | Postal Code | Province | E-mail |
| Telephone Number () | Fax Number () | | Cell Number () |

| E. Builder (optional) | | | | |
|--------------------------------|--|--------------------------|--|----------|
| Last Name | | First Name | Corporation or Partnership (if applicable) | |
| Street Address | | | Unit Number | Lot/Con. |
| Municipality | | Postal Code | Province | |
| Telephone Number () | | Fax Number () | E-mail | |
| Cell Number () | | | | |

F. Required Schedules

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

G. Document Submission and Applicable Law

| | | |
|---|------------------------------|-----------------------------|
| i) This application is for a change of use which results in an increase in hazard as determined by 1.3.1.4. of Division C. The application and all required schedules are submitted | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) 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> . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv) 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 enables the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v) The proposed building, construction or demolition will not contravene any applicable law. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

H. Declaration of Applicant

I _____ (print name) _____ declare 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. If the owner is a corporation or partnership, I have 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 10(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.



Naturally Spirited

KILLALOE-HAGARTY-RICHARDS

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Website: www.killaloe-hagarty-richards.ca

Building Permit Deposit Release Form

It is the sole responsibility of the building permit holder to request the required prescribed inspections from the Chief Building Official throughout the duration of the project. The Township of Killaloe, Hagarty & Richards is taking steps to ensure building permits are finalized by the Chief Building Official by requesting an additional \$100.00 deposit on top of the required building permit fee. This fee is returnable upon the successful finalization of the permit by the Chief Building Official.

If an inspection has not been requested within 12 months of the previous inspection, the building permit may then be considered expired, revoked, or abandoned and the deposit may be retained by the municipality.

I, (Print Name) _____, as the permit holder of a building permit, understand it is my sole responsibility to request all prescribed inspections, including finalization/occupancy, for the purposes of a building permit.

Signature of Permit Holder: _____ **Date:** _____

Permit Paid by: _____

Deposit Paid by: _____

For Principal Authority Only:

Permit No: _____

Roll Number: _____

Address: _____

Project Finalization Date: _____

CBO Signature: _____

Deposit Refunded to: _____

Date: _____