

**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: The Township of Killaloe, Hagarty & Richards  
(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)**

|                  |             |                            |          |  |
|------------------|-------------|----------------------------|----------|--|
| Last name        | First name  | Corporation or partnership |          |  |
| Street address   |             | Unit number                | Lot/con. |  |
| Municipality     | Postal code | Province                   | E-mail   |  |
| Telephone number | Fax         | Cell number                |          |  |

| <b>E. Builder (if known)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |            |                                            |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|--------------------------------------------|----------|
| 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                                |          |
| <b>F. New home construction licensing requirement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |            |                                            |          |
| i. Is the proposed construction for a new home as defined in the <i>New Home Construction Licensing Act, 2017</i> ? If no, go to section G.                                                                                                                                                                                                                                                                                                                                                                                                                     |             |            | Yes                                        | No       |
| ii. Is a licence required under the <i>New Home Construction Licensing Act, 2017</i> ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |            | Yes                                        | No       |
| iii. If yes to (ii) provide licence number(s): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |            |                                            |          |
| <b>G. Required Schedules</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |            |                                            |          |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |            |                                            |          |
| <b>H. Completeness and compliance with applicable law</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |            |                                            |          |
| 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).<br>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       |
| <b>I. Declaration of applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |            |                                            |          |
| <p>I _____ declare that:</p> <p>(print name)</p> <ol style="list-style-type: none"> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p>_____</p> <p>Date Signature of applicant</p>                                                                                                              |             |            |                                            |          |

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., 12th Floor. Toronto, ON M7A 2J3 (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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>_____</p> <p style="text-align: center;">Date</p> </div> <div style="width: 60%;"> <p>_____</p> <p style="text-align: center;">Signature of Designer</p> </div> </div> |                               |                                |                          |          |

**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 Professional Engineers Ontario.

### **Site Plan Requirements**

Site plans are a requirement for most construction and demolition permits. Exemptions may include projects such as an interior renovation where square footage is not added or removed. Please contact building department to verify.

Applicants may use the form included in this document, or alternatively use other methods such as GIS Mapping software or registered plan of surveys. Please note, that the building official may require further information such as a registered survey of the property or drainage plan. Contact building official to verify.

Property lines must be identified on site for first inspection.

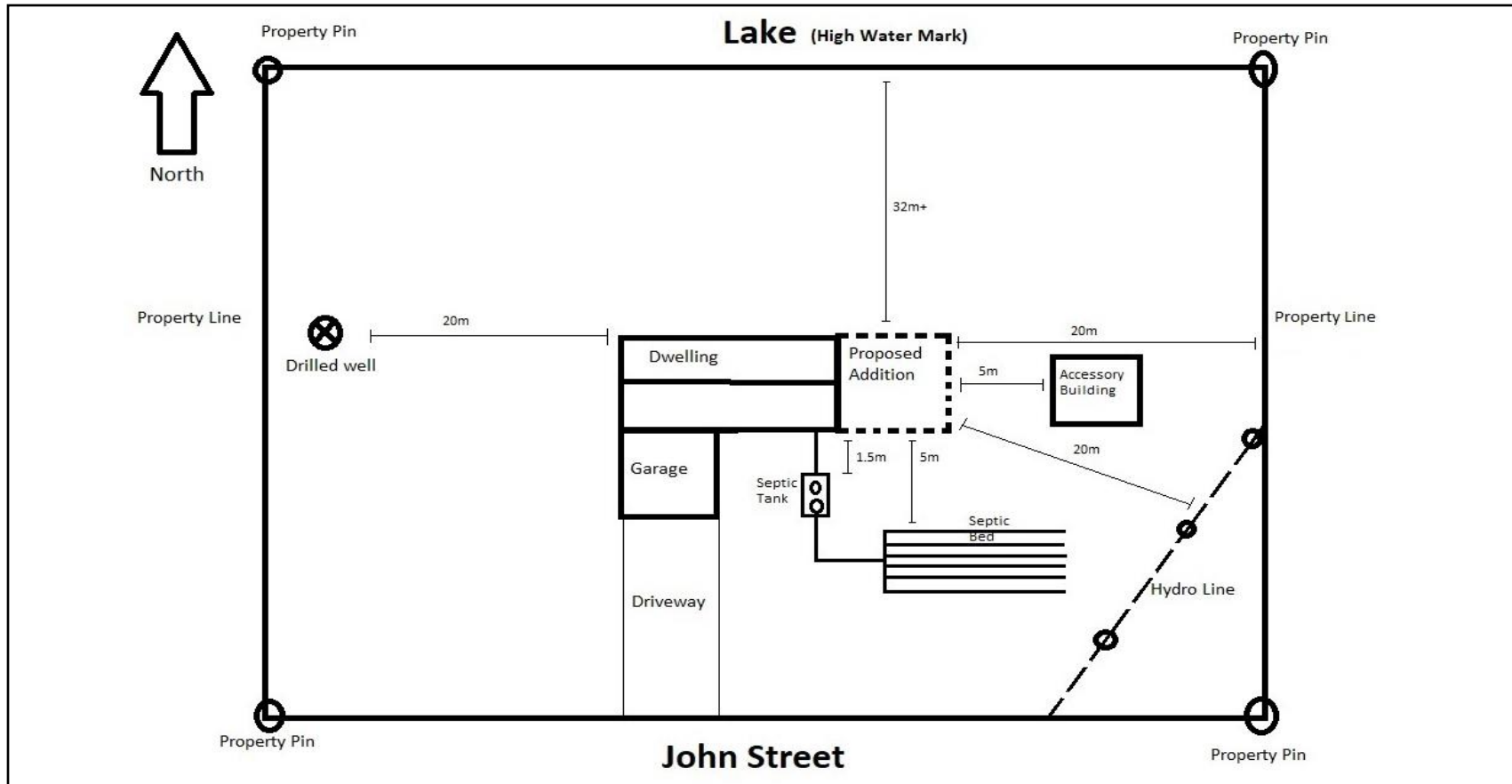
The following must be indicated on the site plan. See example of a site plan included in this document:

- Property lines
- Name of adjacent street(s)
- Properties civic address and/or legal description
- Location of all water bodies, water courses, etc.
- Location of existing buildings and proposed building locations on the lot
- Location of sewage system or proposed sewage system (tank and bed)
- Location of well
- Location of driveway
- Location of shoreline road allowances, as applicable
- Location of R.O.W.s, easements, etc
- If property is located on municipal services, indicate water/sewer lines on property
- Specify distances to hydro wires, sewage systems (tank and bed), waterways (lake, creek, river, etc), property lines (front, rear, side), private wells, R.O.W.s., easements, other structures on property, etc.

THE ACCURACY OF THE INFORMATION ON THIS FORM IS THE RESPONSIBILITY OF THE APPLICANT AND IS HEREBY MADE PART OF THIS APPLICATION. I HEREBY VERIFY THAT THE INFORMATION APPEARING ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY.

PROPERTY ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ OWNER(S) OR AUTHORIZED AGENT NAME: \_\_\_\_\_

**SITE PLAN EXAMPLE – DWELLING ADDITION**

THE ACCURACY OF THE INFORMATION ON THIS FORM IS THE RESPONSIBILITY OF THE APPLICANT AND IS HEREBY MADE PART OF THIS APPLICATION. I HEREBY VERIFY THAT THE INFORMATION APPEARING ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY.

PROPERTY ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ OWNER(S) OR AUTHORIZED AGENT NAME: \_\_\_\_\_

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

Application/Appeal #:

Taxation Year:

Municipality: \_\_\_\_\_ Roll Number: \_\_\_\_\_  
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)

- |                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Ceases to be liable for tax at rate it was taxed – 357(1)(a)     | <input type="checkbox"/> Became vacant or excess land – 357(1)(b)             |
| <input type="checkbox"/> Became exempt – 357(1)(c)                                        | <input type="checkbox"/> Sickness or extreme poverty – 357(1)(d.1)            |
| <input type="checkbox"/> Razed by fire, demolition or otherwise – 357(1)(d)(i)            | <input type="checkbox"/> Mobile unit removed – 357(1)(e)                      |
| <input type="checkbox"/> Damaged and substantially unusable – 357(1)(d)(ii)               | <input type="checkbox"/> Gross or manifest clerical/factual error – 357(1)(f) |
| <input type="checkbox"/> 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:

Assessment Roll  
As Returned

MUNICIPALITY

Revised Since  
Roll Return

Enter Revisions Below

TREASURER'S RECOMMENDATION TO COUNCIL

Assessment Report

School Bd:

Eng

Fr

Other

☐ No Change in Assessment

☐ S357 Required for Next Year

| RTC/RTQ | 2005<br>Base-year<br>CVA | 2008<br>Base-year<br>CVA | Current<br>Phased<br>Assessment | Revised<br>RTC/RTQ | Revised 2005<br>Base-year<br>CVA | Revised 2008<br>Base-year<br>CVA | Revised<br>Current Phased<br>Assessment | Change to<br>Current Phased<br>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/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ 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: \_\_\_\_\_



1 John St., P.O. Box 39  
 Killaloe ON K0J 2A0  
 Telephone: 613-757-2300 Fax: 613-757-3634  
 Email: [info@khrtownship.ca](mailto:info@khrtownship.ca)  
 Website: [www.killaloe-hagarty-richards.ca](http://www.killaloe-hagarty-richards.ca)

### **Building Permit Deposit Release Form**

As per Section 10.2 of the *Ontario Building Code Act, 1992, S.O. 1992, C.23*, as amended, it is the sole responsibility of a building permit holder to request the required prescribed inspections from the Building Official throughout the duration of the project. The Township of Killaloe, Hagarty & Richards has implemented a building permit deposit system, which is collected in conjunction with the building permit fee payment, and is returned to the permit holder upon successful completion of the project, as determined by the Chief Building Official. The fee is determined in accordance with Schedule "D" of the User Fees and Charges By-Law.

If an inspection has not been requested within 12 months of the previous inspection, the building permit may, at the discretion of the Chief Building Official, be considered expired, revoked, or abandoned and the deposit may 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:**

*For Principal Authority Only:*

|                                   |                             |
|-----------------------------------|-----------------------------|
| <b>Permit No:</b>                 | <b>Roll Number:</b>         |
| <b>Address:</b>                   |                             |
| <b>Deposit Paid By:</b>           |                             |
|                                   |                             |
| <b>Project Finalization Date:</b> | <b>Deposit Return Date:</b> |
| <b>CBO Signature:</b>             | <b>Date:</b>                |