



# TOWNSHIP OF CHAPLEAU

Building Division

P.O. Box 129

Chapleau, ON, P0M 1K0

## Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: TOWNSHIP OF CHAPLEAU  
 (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. Applicant			
Applicant is:		<input type="checkbox"/> Owner or <input type="checkbox"/> 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 ( )	
C. 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 ( )	
D. 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 ( )	
E. Purpose of application			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit			
Proposed use of building		Current use of building	

Description of proposed work

**F. Tarion Warranty Corporation (Ontario New Home Warranty Program)**

- i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.  Yes  No
- ii. Is registration required under the *Ontario New Home Warranties Plan Act*?  Yes  No
- iii. If yes to (ii) provide registration number(s): \_\_\_\_\_

**G. Attachments**

- i. Attach documents establishing compliance with applicable law as set out in Article 1.4.1.3. of Division A.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

**H. Declaration of applicant**

I \_\_\_\_\_ certify 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

**I. Documents and approvals required**

Drainage Plan	Drainage Plan	Prof. Specs.	Prof. Arc/Eng.	M.R.C.A.	Health Unit	M.T.O.	C/A	Re-Zoning	O.N.H.W.P. No.	Min. of Labour	Fire Marshal	C.W.B.	L.L.C.B.O.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**J. Building**

No. of Rooms \_\_\_\_\_ No. of Dwelling Units \_\_\_\_\_ Use of Occupancy \_\_\_\_\_  
 Type of Construction:  Wood  Masonry  Concrete  Steel Number of Stories \_\_\_\_\_ Height \_\_\_\_\_  
 Heating \_\_\_\_\_ Plumbing Permit Req'd Yes  or No  Water Meter Req'd Yes  or No   
 Foundations \_\_\_\_\_ Footings \_\_\_\_\_ Posts \_\_\_\_\_

STRUCTURAL	Grade	Material	Size	Span	Spacing	Vapour Barrier: _____
Pre-eng Trusses						Insulation Exposed: Walls _____ Floors _____ Basement _____ Ceiling _____
Beams						Sheathing: Roof _____ Walls _____ Floor _____
Floor Joists						Type of Roofing _____
Lintels						Interior finish _____
Ceiling Joists						Exterior finish _____
Rafters						
Studs (Exterior)						

<b>K. Plumbing</b>	
Plumbing New <input type="checkbox"/> Repair <input type="checkbox"/> Alter <input type="checkbox"/> Extension <input type="checkbox"/>	Plumbing Connect to Sewer Yes <input type="checkbox"/> No <input type="checkbox"/> To Septic Yes <input type="checkbox"/> No <input type="checkbox"/>
Water Connect to Public Yes <input type="checkbox"/> No <input type="checkbox"/> To Private Yes <input type="checkbox"/> No <input type="checkbox"/>	
Size of sewer _____ No. of stacks _____ F.D.'s _____ R.D.'s _____ L.T.'s _____ W.C.'s _____	
Bath _____ Shower _____ Basins _____ Sinks _____ H.W. Tanks _____ Urinals _____	
Bldg sewer _____ Washing machine _____ Grease/Oil interceptor _____ Drinking fountain _____	
_____ Address _____	
Owner/ Plumbing Contraction/ Master Plumber _____	
Phone _____ Permit Fee _____ Receipt No. _____ Water Meter Req'd Yes <input type="checkbox"/> No <input type="checkbox"/>	
Weeping tile connected to Storm Sewer System Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Weeping tile must not be connected to the sanitary sewer system.</b>	
Plumbing Approval _____ Date _____	
<b>L. Zoning</b>	
Front Yard _____ Lot Size _____ Planning Area _____	
Interior Side Yard _____ Lot Area _____ By-Law No _____	
Exterior Side Yard _____ Total Lot Coverage _____ C / A No. _____	
Rear Yard _____ Accessory Bldg. Set Back _____ As per attached Site Plan _____ <input type="checkbox"/>	
Remarks _____	
_____ Development Charge _____	
Zoning Approval _____ Date _____	
<b>M. Engineering Application approval</b>	
Services Required To Be Paid For By Owner: Yes <input type="checkbox"/> or No <input type="checkbox"/> Services Fee _____ Remarks _____	
_____	
Engineering Approval _____ Date _____	
<b>N. Application approval</b>	
Building Permit Fee _____ Building Permit Fee Waived (CIP Area) _____ Receipt No. _____	
Application Approval _____ Date _____	
for CHIEF BUILDING OFFICIAL	

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.

<b>A. Project Information</b>			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax number (    )		Cell number (    )
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
<b>D. Declaration of Designer</b>			
I _____ declare that (choose one as appropriate):			
(print name)			
<input type="checkbox"/> 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: _____			
<input type="checkbox"/> 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: _____			
<input type="checkbox"/> 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) d) 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 authorization, 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

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
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?			
<input type="checkbox"/> Yes (Continue to Section C)		<input type="checkbox"/> No (Continue to Section E)	<input type="checkbox"/> Installer unknown at time of application (Continue to Section E)
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )		Cell number (    )
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<p>I _____ declare that:</p> <p style="margin-left: 100px;">(print name)</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 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-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>Date</span> <span>Signature of applicant</span> </p>			

## PERMIT APPLICATION CHECKLIST

Use this Checklist to ensure that you have included all of the necessary paperwork Building Services requires in order to expedite your application. Assembling all of the information right up front will assure your application speedy passage through the approvals process.

- SIGNED PERMIT APPLICATION (include phone number and name)
- PLOT PLAN ILLUSTRATING THE FOLLOWING:
  - Lot Dimensions
  - Size and Location of Proposed and All Existing Buildings
  - Distance Between All Structures and the Property Lines
  - Drainage Patterns
  - Driveway
- TWO (2) COMPLETE SETS OF CONSTRUCTION PLANS Including:
  - Foundation Plan
  - Cross Sections
  - Elevation Plans (Front, Sides and Rear)
  - Floor Plan
- WRITTEN VALUE OF CONSTRUCTION (include cost of building on Application Form)
- BUILDING PERMIT FEE

## Schedule "A"

### Permit Fees

To construct, renovate, change the use, of a building structure or any part thereof;

Twenty Dollars (\$20.00) for the first One Thousand Dollars (\$1,000.00) of the construction value;

Five Dollars (\$5.00) for each One Thousand Dollars (\$1,000.00) or part thereof, of construction value, up to One Hundred Thousand Dollars (\$100,000.00);

Four Dollars (\$4.00) for each One Thousand Dollars (\$1,000.00) of construction value thereafter.

To demolish a building or any part thereof;

Ten (\$10.00)

Schedule "B"  
To  
By-Law No. 91-28

Class of Permit and Permit Fee

- |    |  |         |
|----|--|---------|
| a) | Basic Fee: For the inspection of any plumbing, the fee, in addition to the fees hereinafter set out, shall be                                    | \$ 5.00 |
| b) | For each plumbing fixture  | \$ 3.00 |
| c) | For each soil stack  | \$ 3.00 |
| d) | For each interceptor   | \$ 3.00 |
| e) | For building drains, building storm drains, building sewer or building storm sewer   |         |
|    | : 4 inch pipe - \$3.00 per 25 lineal metres or fraction thereof  |         |
|    | : 5 inch pipe - \$4.00 per 25 lineal metres or fraction thereof  |         |
|    | : 6 inch pipe - \$5.00 per 25 lineal metres or fraction thereof  |         |
|    | : 8 inch pipe - \$8.00 per 25 lineal metres or fraction thereof  |         |
| f) | Alternations, or extensions to any plumbing fixture, drain, sewer, or stack, the fee shall be as specified in (a), (b), (c) or (d) or (e) above. |         |

Additional Inspections:

For inspections made necessary due to work not ready for inspections under Regulations

- |   |   |          |
|---|---|----------|
| : | for each inspection made                                    | \$15.00  |
| : | for inspections made necessary due to unauthorized plumbing | \$ 15.00 |

## CHAPLEAU MUNICIPAL LANDFILL SITE

To all users of the Chapleau Municipal Landfill Site.

Please be advised that the  
*Ontario Ministry of Environment's*  
guidelines for burning at landfills  
only permits the burning of "**Clean Wood Waste**"

"Clean Wood Waste" means brush and wood that IS NOT:  
painted, stained or treated with chromated copper arsenate,  
ammonial copper arsenate, pentachlorophenol, creosote,  
or other chemicals; formulated with glues, some examples  
of which are plywood, particle board, or chip board;  
or interspersed with materials such as  
wiring, insulation, metal and plastic.

An area within the landfill site has been made  
available for the depositing of  
clean wood waste, and is labeled as such.

All other materials must be deposited  
in the appropriate sections of the landfill site.

The landfill operator will be on site  
to assist you with the proper separation  
of your refuse.

Your cooperation in this matter  
would be greatly appreciated.

Please direct all enquires to:

Tim Holmes

864 - 1334