#### **Homeowner Checklist:**

- Completed Application
- Letter of Authorization (if required)
- o Completed Building Permit Sign-Off
- Drawing Requirements

## **Building Permit Application**

A Building Permit is your formal permission to begin construction, demolition, addition or renovation on your property.

As part of the building permit process, staff must review your plans to ensure they comply with the Ontario Building Code, local zoning by-laws and other Applicable Law.

Building Permits regulate the type of construction allowed in a community and ensures that minimum building standards are met. The Building Permit Process protects the owner's interest, the community and helps ensure that that any new construction is appropriate and safe.

### **Zoning By-Law**

The Zoning By-Law specifies the permitted uses and regulations for each property within the Town of Cobalt. Zoning regulations include items such as the use of the land and buildings, building setbacks to property lines, maximum height or size of buildings/structures.

A Building Permit may only be issued when an Applicant has complied with all Zoning By-Law regulations. The specific zoning designation of a property can be obtained by contacting the Town Office at 18 Silver Street, Cobalt or by calling 705-679-8877.

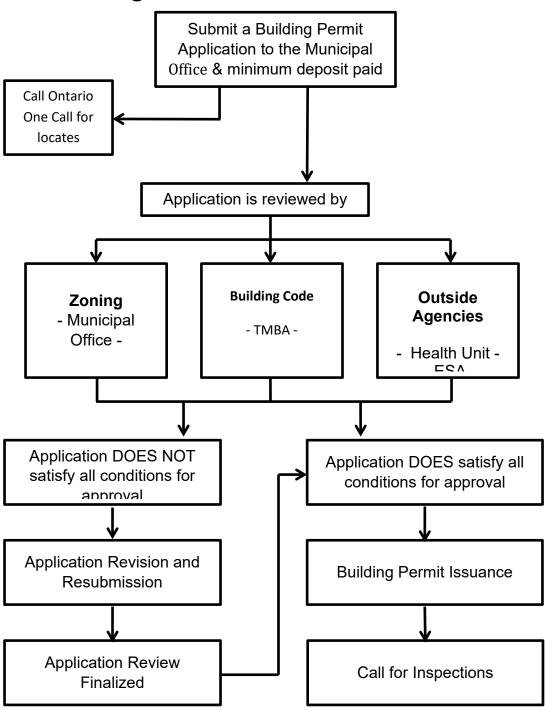
#### **Drawing Requirements**

Along with the fully completed Building Permit Application Form, two (2) copies of the following drawings are required to be submitted if applicable:

- Site Plans
- Floor Plans
- Exterior Elevations
- Cross Sections
- Mechanical (HVAC, Plumbing, Electrical etc.)

Examples of drawings are available at the Town Office.

# **Building Permit Process Flowchart**



# 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 Autho	rity						
Application number:			Permit r	number (if differer	nt):		
Date received:			Roll nur	mber:			
	Name of municipalit	ty, upper-tier m	unicipality, bo	ard of health or con	nservatior	n 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	า^์)		
B. Purpose of application							
New construction	Addition to an Alteration existing building			•	[	Demolition	Conditional Permit
Proposed use of building		Cu	ırrent use of	building			
Description of proposed work							
C. Applicant	Applicant is:	Owner o	or Au	uthorized agent of			
Last name		First name		Corporation or p	partners	hip	
Street address						Unit number	Lot/con.
Municipality		Postal code		Province		E-mail	
Telephone number		Fax				Cell number	
D. Owner (if different from	n applicant)						
Last name	,,	First name		Corporation or p	partners	hip	
Street address		1				Unit number	Lot/con.
Municipality		Postal code		Province		E-mail	•
Telephone number		Fax				Cell number	

E. Builder (optional)						
Last name	First name	Corporation or partnersh	nip (if applicable)			
Street address			Unit number	Lot/con.		
Municipality	Postal code	Province	E-mail			
Wallopality	l dotal oddo	1 TOVIIIOO	L man			
Telephone number	Fax		Cell number	number		
F. Tarion Warranty Corporation (Ontario						
<ul> <li>i. Is proposed construction for a new home as defined in the Ontario New Home Warranties         Plan Act? If no, go to section G.</li> </ul>				s No		
ii. Is registration required under the Ontar	io New Home Warrar	nties Plan Act?	Yes	s No		
iii. If yes to (ii) provide registration number	(s):					
G. Required Schedules		9 99 8 1 1 2 21 52				
i) Attach Schedule 1 for each individual who rev	•					
ii) Attach Schedule 2 where application is to con	struct on-site, install o	or repair a sewage system.				
H. Completeness and compliance with a	pplicable law					
i) This application meets all the requirements o			Yes	s No		
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				s No		
application is made.						
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</i> , 1992.				s No		
iii) This application is accompanied by the information and documents prescribed by the applicable by-				s No		
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.						
iv) The proposed building, construction or demol	ition will not contrave	ne any applicable law.	Yes	s No		
I. Declaration of applicant			_			
(print name)			de	clare that:		
(1						
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.						
2. If the owner is a corporation of partitership, I have the authority to bind the corporation of partitership.						
Date	Signotur	e of applicant		_		
Date	Signature	ε οι αμμιτατιί				

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. 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 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 C1** HVAC - House **Building Structural** House Small Buildings **Building Services** Plumbing - House Large Buildings Detection, Lighting and Power Plumbing - All Buildings Complex Buildings On-site Sewage Systems Fire Protection Description of designer's work **Declaration of Designer** 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.

#### NOTE:

Date

- 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.

Signature of Designer

## **Schedule 2: Sewage System Installer Information**

A. Project Information						
Building number, street name		Unit number		Lot/con.		
Municipality	Postal code	Plan number/ other descr	ption			
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 informatio	n (where answ	er to B is "Yes")	•••	,		
Name	ii (Wilere allow		BCIN			
Street address			Unit number	Lot/con.		
Sileet address			Offichamber	LOI/COIT.		
Municipality	Postal code	Province	E-mail			
Telephone number	Fax		Cell number			
D. Qualified supervisor information	on (where ansv	ver to section B is "Yes"	')			
Name of qualified supervisor(s)		Building Code Identification	Number (BCIN)			
E. Declaration of Applicant:						
1	I declare that:					
(print name)						
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;						
OR						
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.						
I certify that:						
1. The information contained in this schedule 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						



Temiskaming Municipal Services Association BUILDING DEPARTMENT 35-A 10<sup>th</sup> St. Box 51 Earlton, On P0J1E0 705-563-2426

# **BUILDING PERMIT MUNICIPAL SIGN-OFF**

OWNER: PROJECT:
PLANNING AND ZONING COMPLIANCE CHECKLIST
PROPERTY ZONING: PERMITTED USE? Y / N
THE PROPOSED PROJECT COMPLIES WITH THE EXISTING ZONING Y / N
(IF NO. PROVIDE REASON NON-COMPLIANCE IS PERMITTED AND ATTACH ALL SUPPORTING DOCUMENTATION)
SETBACKS:
MIN INT INT/EXT REAR FRONT
ACTUAL INT INT/EXT REARFRONT
LOT COVERAGE? Y / N BLDG SEPARATION? Y / N BLDG HEIGHT? Y / N
MINOR VARIANCE? Y / N if yes, state conditions:
PERMIT APPLICATION
Req'd Fields Completed Designer Info Signed Roll # added
Drawing / Spec Incl. Drawings to be picked up
Property has recently transferred previous owner:
Additional comments:
<u>Clerk</u> :

I am aware that the Chief Building Official (CBO) is relying upon this form and the facts stated herein in issuing a building permit and I am further aware that the CBO may issue a building permit based, in part, in reliance upon the truth and complete accuracy of the foregoing.



#### Temiskaming Municipal Services Association BUILDING DEPARTMENT 35-A 10<sup>th</sup> St. Box 51 Earlton, On P0J1E0 705-563-2426

## **Letter of Authorization**

l,	hereby give authorization to					
	, as the agent/contractor for the below mentioned	Ī				
project.						
Project:						
Owner:	Date					
Agent/Contractor:	Date					

