



Homeowner Checklist:

- Completed Application
- Letter of Authorization (if required)
- 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

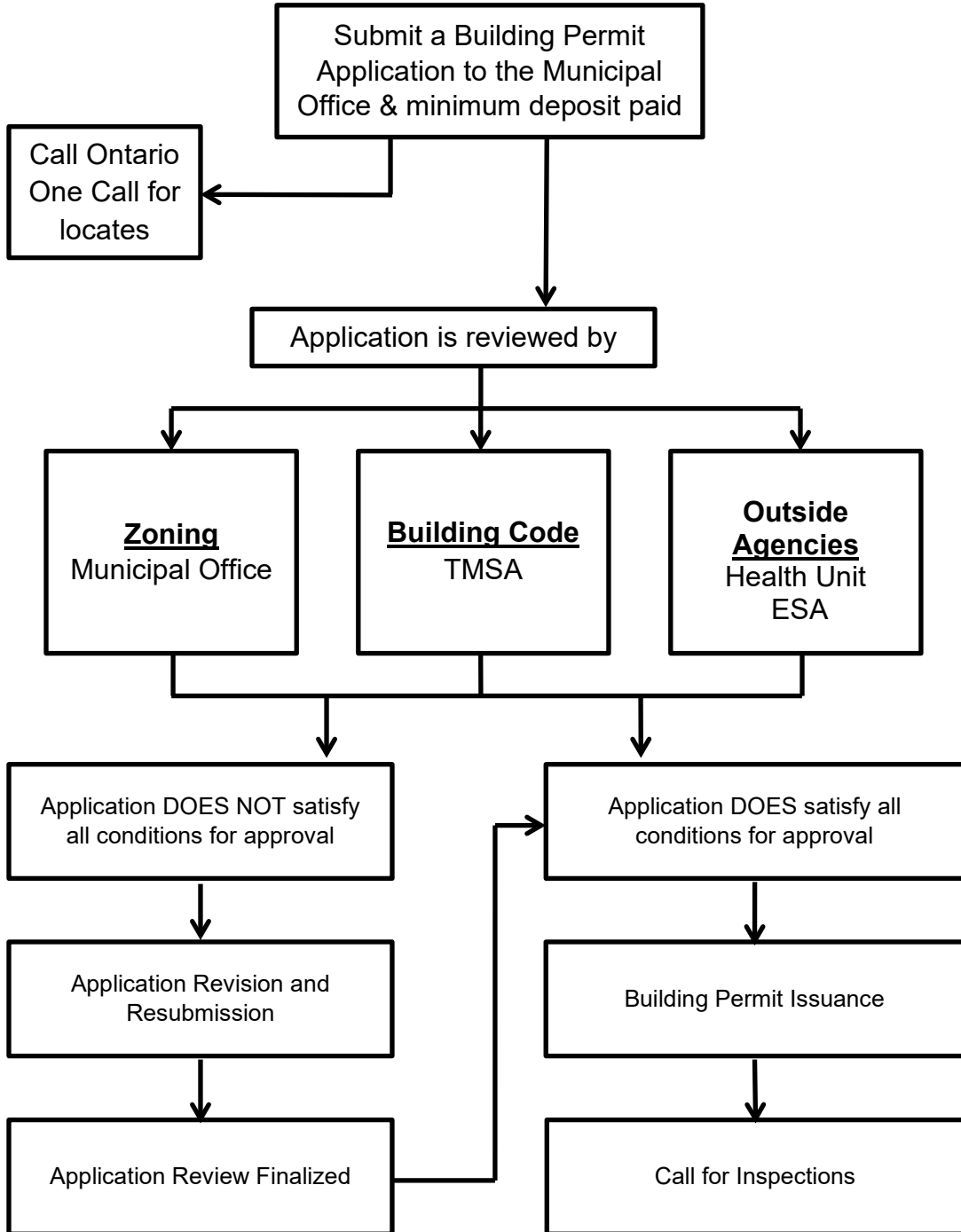
Along with the fully completed Building Permit Application Form, two (2) copies of the following drawings are required to be submitted if applicable:

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

Examples of drawings are available at the Town Office.



THE CORPORATION OF THE TOWN OF COBALT



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: _____ (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 | | | | |
| 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 | |

| E. Builder (if known) | | | | |
|---|--|------------------------|--|-------------|
| 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 |
| F. New home construction licensing requirement | | | | |
| 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): _____ | | | | |
| G. Required Schedules | | | | |
| 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. | | | | |
| H. Completeness and compliance with applicable law | | | | |
| 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). 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 |
| I. Declaration of applicant | | | | |
| I _____ declare 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 | | |

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"> 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. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Designer </p> | | | |

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.

Schedule 2: Sewage System Installer Information

| A. Project Information | | | |
|---|-------------|--|--|
| Building number, street name | | Unit number | Lot/con. |
| Municipality | Postal code | Plan number/ other description | |
| 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 information (where answer to B is "Yes") | | | |
| Name | | BCIN | |
| Street address | | Unit number | Lot/con. |
| Municipality | Postal code | Province | E-mail |
| Telephone number | Fax | | Cell number |
| D. Qualified supervisor information (where answer to section B is "Yes") | | | |
| Name of qualified supervisor(s) | | Building Code Identification Number (BCIN) | |
| | | | |
| E. Declaration of Applicant: | | | |
| <p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p>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>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"> 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. <p style="text-align: center;">_____</p> <p style="text-align: center;">Date Signature of applicant</p> | | | |



BUILDING PERMIT MUNICIPAL SIGN-OFF

OWNER/S: _____ PROJ. ADDRESS: _____

Part of MTO Controlled Area Y / N (if "Yes", MTO approval is attached)

PLANNING/ZONING COMPLIANCE VERIFICATIONS:

Property Zoning: _____ Permitted Use: Y / N

SETBACKS REQUIRED (as per ZBL):

INT _____ INT/EXT _____ REAR _____ FRONT _____

SETBACKS ACTUAL (as per site plan):

INT _____ INT/EXT _____ REAR _____ FRONT _____

BLDG SEPARATION: _____ min Actual bldg separation: _____

BLDG HEIGHT _____ max Actual bldg height: _____

LOT COVERAGE MAX: _____ % of _____ = _____ Actual lot coverage: _____

MINOR VARIANCE? Y / N (if yes, attach conditions)

THE PROPOSED PROJECT COMPLIES WITH THE EXISTING ZONING* Y / N

*(IF NO, PROVIDE REASON NON-COMPLIANCE IS PERMITTED AND ATTACH ALL SUPPORTING DOCUMENTATION)

BUILDING PERMIT APPLICATION VERIFICATIONS:

Roll # Added Y / N

Req'd Fields Completed (incl. designer info. signed) Y / N

Drawing / Spec Incl. Y / N Drawings to be picked up Y / N

Property has recently transferred Y / N (if "Yes", list previous owners name/s: _____)

Minimum Distance Separation (MDS) Required: Y / N (if Yes, contact municipal planner)

Additional comments:

Municipal Staff Name (print): _____

Municipal Staff Signature: _____

Date: _____

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 10th St. Box 51 Earleton, On P0J1E0
705-563-2426

Letter of Authorization

I, _____ hereby give authorization to

_____, as the agent/contractor for the below mentioned
project.

Project: _____

Conditions: _____

Owner: _____

Date _____

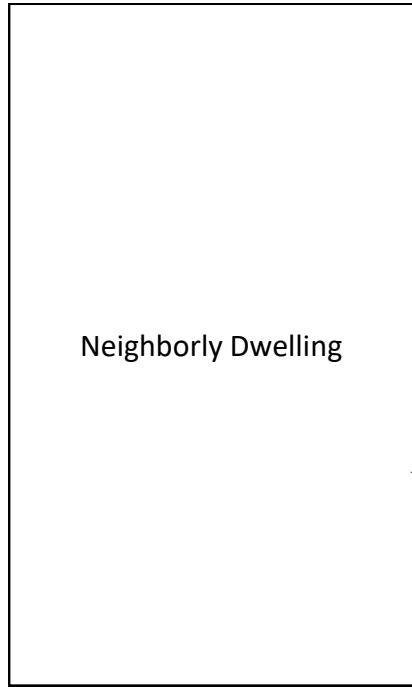
Agent/Contractor: _____

Date _____

Lot Lines

Drawing Requirements:

1. Aerial View of Property
2. Lot Lines with measurements
3. Existing Buildings with measurements
4. Proposed Construction with measurements
5. Setbacks on all sides
6. Indicate street(s)
7. All measurements are to be in meters.



Lot Lines

Actual Setback

Building Separation

Actual Setback

Proposed Setback

Proposed Deck

Existing Dwelling

Actual Setback

Driveway

Actual Setback

Lot Lines

Lot Lines

Street

