



Municipality of Mississippi Mills

3131 Old Perth Road, PO Box 400, Almonte ON, K0A 1A0

613-256-2064 ext. 260

Application for a Permit to Construct, Change of Use, Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

For use by Principal Authority			
Application/File Number:		Permit number (if different):	
Date received:		Roll/Tax Number:	
Application submitted to: THE CORPORATION OF THE MUNICIPALITY OF MISSISSIPPI MILLS			
A. Your Project location and information:			
Building project civic address number & street name			Unit/Apt.
Municipality	Postal Code	Plan number/other description	
Will this project require an additional driveway/ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a vacant lot/ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Area of work (ft ²) - Existing		Area of work (ft ²) - New	
Height of Building (ft.)	Length (ft.)	Width (ft.)	
Project value Est \$	<i>Project value estimate: means the value of the proposed work including value of land, work, labour, equipment, materials, and design services where applicable. This information is required to be sent to Statistics Canada. This information does not impact where there is a set fee.</i>		
B. Purpose of application			
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovate/Alter/Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Use <input type="checkbox"/> Solar Panel (Roof) <input type="checkbox"/> Other _____			
Current use of Building	Proposed use of Building	<i>Use of building: means , residential, office, mercantile, assembly, industrial, institutional, etc.</i>	
Description of proposed work			
C. Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> An authorized agent of owner (Authorized Agent Form Required)			
Last name		First name	Corporation or partnership (If applicable)
Street address			Unit/Apt. #
Municipality	Postal code	Province	E-mail (All reports are sent to owner's email)
Telephone number ()	Cell ()	Other ()	
D. Owner (if different from applicant)			
Last name		First name	Corporation or partnership (If applicable)
Street address			Unit/Apt. #
Municipality	Postal code	Province	E-mail (All reports are sent to owner's email)
Telephone number ()	Cell ()	Other ()	

E. Builder (optional)				
Last name		First name		Corporation or partnership (if applicable)
Street address				Unit/Apt. #
Municipality		Postal code	Province	Builder's email (All reports are also sent to owner's email)
Telephone number ()		Cell ()		Other ()
F. Tarion Warranty Corporation (Ontario New Home Warranty Program) (Applicable to all new homes - reported to				
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.				<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?				<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. If yes to (ii) provide registration 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 – Yes is default answer.				
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).				<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) All payments will be 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 called for by the Chief Building Official. The minimum fee of \$125.00 will be submitted with this application.				<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> .				<input type="checkbox"/> Yes <input type="checkbox"/> No
iv) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.				<input type="checkbox"/> Yes <input type="checkbox"/> No
v) This proposed building, construction or demolition will not contravene any applicable law.				<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Declaration of applicant				
I _____ declare that:				
(Owner or Agent 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., 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 Location Information			
Building civic address number, street name:			Unit/Apt. Number
Municipality: Mississippi Mills	Postal code	Plan number/ other description (if applicable)	
B. Individual who reviews and takes responsibility for design activities			
Name:		Firm:	
Street address			Unit/Apt. Number
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]			
<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			
D. Declaration of Designer			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p><input type="checkbox"/> I have reviewed 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: _____ Firm BCIN: _____</p> <p><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.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____ or <input type="checkbox"/> The Applicant is the OWNER.</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. 3. The plans have the project location, date and is signed by the designer or owner as being their design. <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Designer or Owner </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 practice, a limited license to practice, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario