



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.			<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.