



# MUNICIPALITY OF **West Elgin**

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## GUIDE TO COMPLETING A DEMOLITION PERMIT APPLICATION

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1. SECTIONS A-E, H&I ON THE APPLICATION FOR A PERMIT TO CONSTRUCT OR DEMOLISH FORM, **MUST BE** COMPLETED.
2. UTILITY NOTIFICATION FORM SHALL BE FAXED TO EACH APPLICABLE SERVICE FOR DATE AND SIGNATURE. EACH UTILITY'S FORM MUST BE COMPLETE AND SUBMITTED WITH APPLICATION IN ORDER FOR PERMIT TO BE PROCESSED.
3. SUBMISSION OF SITE PLAN (INDICATING THE BUILDING / STRUCTURE OR PORTION THEREOF TO BE DEMOLISHED)

*IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:  
JACKIE MORGAN-BEUNEN, CHIEF BUILDING OFFICIAL: CELL: 519-857-9605*

**UTILITY NOTIFICATIONS**  
**MUNICIPALITY OF WEST ELGIN**

**LOCATION: (ADDRESS & CITY)** \_\_\_\_\_  
**PROPOSED DATE OF DEMOLITION:** \_\_\_\_\_  
**TYPE OF BUILDING TO BE DEMOLISHED:** \_\_\_\_\_

1. The demolition contractor is responsible for ensuring that the building is vacated and all services have been disconnected prior to commencement of work (gas, water, hydro, etc.)
2. All sewers to be adequately capped to ensure that deleterious material does not enter the Municipal sewage system when the building being demolished contains a plumbing system. THE CONTRACTOR IS TO CALL FOR AN INSPECTION when capping is complete and prior to continuing work.
3. Decommissioning of the septic tank is required, tank shall be pumped and holes put in the bottom to provide drainage, and filled with sand or approved material and the lid shall be crushed. Failure to abandon sewage disposal systems will create a hazard to the health and safety of the homeowner and the public.
4. CONTRACTOR IS ALSO TO CALL FOR AN INSPECTION when work is complete to ensure adequate clean-up of property. Site to be leveled and clear of all demolition materials.
5. Demolition to be in accordance with the Occupational Health & Safety Act and Regulations for Construction Projects.
6. The **MINISTRY OF LABOUR** requires property owners to provide an environmental survey if there is a belief of a designated substance on the premise i.e. Asbestos. If a survey is required an environmental firm can do the assessment. The Ministry of Labour requires a Notice of Project, call 519-256-8277 or 1-800-265-5140 for more information, or Notice of Project form.

**APPLICANT:** (please print) \_\_\_\_\_  
 Owner or Authorized Agent

**OWNER: (if different than above):** \_\_\_\_\_

AGENCY	PHONE	FAX	CONTACT	SIGNATURE	DATE
Bell Canada	519-352-9046	519-352-0879	Pat Zimmer		
Hydro One	1-888-664-9376	1-888-281-4589			
Water	519-785-0560	519-785-0644	Lynda Pelcz		
Union Gas Ltd.	1-855-228-4898 Ext. 5111129	1-519-667-4170	Diane Watson		
Union Energy/ Reliance	1-866-735-4262	1-866-622-2942			

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**In addition to the above notifications, please ensure proper utility locates are obtained.**

**Also note utility locates obtained by the Ontario One Call # 1-800-400-2255 do not constitute notification for the purpose of this form, please use the numbers listed above. Please note that some utilities do not participate in the Ontario One Call Service.**

**If no Fax # is supplied - FAX back to the Building Department @519-785-0644 or email building@westelgin.net**



# The Municipality of West Elgin **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 <sup>2</sup> )	
B. 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			
C. 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 (   )	
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 (   )	

<b>E. Builder (optional)</b>				
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 (     )
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
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): _____				
<b>G. Required Schedules</b>				
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.				
<b>H. Completeness and compliance with applicable law</b>				
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.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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> .			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I. Declaration of applicant</b>				
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., 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>			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p><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.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">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 style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">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 style="padding-left: 40px;">Basis for exemption from registration and qualification: _____</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. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <p style="margin-top: 20px;"> <span style="display: inline-block; width: 200px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> <span style="display: inline-block; width: 500px; border-bottom: 1px solid black; margin-bottom: 5px;"></span> </p> <p style="display: flex; justify-content: space-between; width: 100%;"> <span>Date</span> <span>Signature of Designer</span> </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 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="text-align: center;">(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> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="text-align: center;">Date <span style="margin-left: 200px;">Signature of applicant</span></p>			