

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority			
Application number:	Permit number (if different):		
Date received:	Roll number:		
Application submitted to: THE CORPORATION OF THE TOWN OF FORT ERIE <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>			
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			
<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

E. Builder (optional)				
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. Tarion Warranty Corporation (Ontario New Home Warranty Program)				
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				
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
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., 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	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]			
<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			
I _____ declare that (choose one as appropriate):			
(print name)			
<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.			
Individual BCIN: _____			
Firm BCIN: _____			
<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.			
Individual BCIN: _____			
Basis for exemption from registration: _____			
<input type="checkbox"/> 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.			
_____	_____		
Date	Signature of Designer		

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d) 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.



The Corporation of the Town of Fort Erie
1 Municipal Centre Drive
Fort Erie, Ontario, L2A 2S6
Telephone: 905-871-1600
Facsimile: 905-871-6411
www.forterie.ca

APPLICATION FOR ENTRANCE PERMIT

PROPERTY INFORMATION			
Street Name:		House No. / Lot No.:	
Concession or Plan No:			
Description of Location:	(i.e. North/South/East/West Side of Road and/or near intersection ... and/or next to ...)		
Owner Name:			
Owner Address:			
Owner Telephone:		Email:	
Applicant Name: <small>(if different than Owner)</small>			
Applicant Address:			
Applicant Telephone:		Email:	

CLASSIFICATION, USE, PURPOSE AND DETAILS OR ENTRANCE	
Access required for:	
No. of Entrances Needed:	
Width of Entrance:	
For an addition to an existing culvert, describe the NUMBER OF METRES TO BE ADDED AND ON WHICH SIDE:	

In accordance with By-law 141-92 of the Town of Fort Erie APPLICATION IS HEREBY MADE TO:
<input type="checkbox"/> Construct an unpaved entrance <input type="checkbox"/> Remove curbs, gutters, or other permanent curbs related to an entrance <input type="checkbox"/> Change the location of an existing entrance <input type="checkbox"/> Use an existing entrance for other than its original, present or normal use (Change of classification from residential to commercial) <input type="checkbox"/> Other, please specify: _____

CONDITIONS OF PERMIT APPLICATION SUBMISSION
<ul style="list-style-type: none"> • A 2' x 4' piece of lumber bearing the APPLICANT'S name shall be firmly placed to mark the centre line location of the driveway within 24 hours of the application • This application must be completed by the APPLICANT • The Town of Fort Erie assumes no responsibility for damage to bituminous pavement or other permanent work placed on an entrance within the road allowance

CONTRACTORS ACKNOWLEDGEMENT AND ACCEPTANCE	
BY MY SIGNATURE BELOW, I HEREBY AGREE TO PAY ALL FEES IN ADVANCE AND WHERE THE TOWN COSTS EXCEED ANY DEPOSITS, I HEREBY AGREE TO PAY BALANCE WITHIN THIRTY (30) DAYS FROM DATE OF INVOICE.	
Signature of Owner/Applicant:	
Date:	



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APPLICATION FOR ENTRANCE PERMIT

THIS SECTION TO BE COMPLETED BY TOWN STAFF ONLY					
Is a culvert required?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Length of culvert pipe:		Pipe Size:		Pipe Gauge:	
Approximate distance approaching traffic is visible from the point of the entrance of the roadway:					
From the right:		From the left:			
The location has been verified by:					
Culvert was installed on:					
Application Approved By: (Town Staff)					
Signature:		Date:			
Personal information contained on this form is collected under the authority of Town of Fort Erie By-law 141-92 (to establish a policy for the installation of culverts with a drain, ditch or watercourse situated on a highway). Questions about this collection should be directed to the Records Management Clerk, Town of Fort Erie, 1 Municipal Centre Drive, Fort Erie, ON L2A 2S6 (905) 871-1600, ext. 2214.					



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APPLICATION FOR UTILITY METER

PROPERTY INFORMATION			
Street Name:		House No. / Lot No.:	
Concession or Plan No:			
Description of Location:	(i.e. North/South/East/West Side of Road and/or near intersection ... and/or next to ...)		
Owner Name:			
Owner Address:			
Owner Telephone:		Email:	
Applicant Name: <small>(if different than Owner)</small>			
Applicant Address:			
Applicant Telephone:		Email:	

ACKNOWLEDGEMENT AND ACCEPTANCE	
BY MY SIGNATURE BELOW, I HEREBY AGREE TO PAY ALL FEES IN ADVANCE AND WHERE THE TOWN COSTS EXCEED ANY DEPOSITS, I HEREBY AGREE TO PAY BALANCE WITHIN THIRTY (30) DAYS FROM DATE OF INVOICE. I ALSO, HEREBY AGREE TO HAVE THE WATER METER AND REMOTE READER INSTALLED BY AN APPROVED PLUMBER.	
Signature of Owner/Applicant:	
Date:	

CONDITIONS OF PERMIT APPLICATION SUBMISSION
Please allow five (5) business days before picking up meter. Meters are to be picked up at the Gibson Centre, 1818 Pettit Road, Fort Erie, ON L2A 5M4 .
A flat fee will be paid upon submission for application of building permit. This fee covers the cost of water used during new construction for a maximum period of 90 days after the issuance of the building permit. You will need to contact the Building Department to arrange for the certification of the meter. Should certification not be done prior to this date, the monthly flat rate fee for water and sewer will be applied.

FOR OFFICE USE ONLY			
Application Purpose:	<input type="checkbox"/> New Meter	Roll Number:	
	<input type="checkbox"/> Meter Replacement	Account Number:	
Account Type:	<input type="checkbox"/> Water and Sewer	Meter(s) Requested:	
	<input type="checkbox"/> Water		
	<input type="checkbox"/> Sewer		

FEE CALCULATION			
Pit Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	
Other:		Amount:	
		Sub Total:	
		HST (13%):	
		Grand Total:	



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APPLICATION FOR UTILITY METER

METER DETAILS			
(TO BE COMPLETED BY TOWN OF FORT ERIE WATER/WASTEWATER DEPARTMENT)			
BUILDING DEPARTMENT			
METER REQUESTED:	5/8" x 3/4" T10 R-900i E-coder	COST:	\$430.53
UTILITIES – WATER/WASTEWATER			
Serial Number:		Register ID:	
		Completed By:	
METER PICK-UP			
Pick Up Date:		Picked Up By:	
		Registered By:	
METER CERTIFICATION			
Seal No:		Reading:	
		Date:	
		Certified By:	
CORPORATE SERVICES – WATER BILLING			
Meter ID:		Processed By:	

Service Installation Permits – where applicable

Every Owner wishing to contract with a qualified contractor to install and construct a water service connection shall complete and submit an application to the Infrastructure Services Department together with a non-refundable inspection fee established by the Town by by-law from time to time.

The application form can be found at <https://forterie.ca/pages/EngineeringDivision> under 'Permits'. If you submit your application on an older form, we will return it to you and ask you to resubmit using the newest version of the form.

Energy Efficiency Design Summary: Prescriptive Method

(Building Code Part 9, Residential)

This form is used by a designer to demonstrate that the energy efficiency design of a house complies with the building code using the prescriptive method described in Subsection 3.1.1. of SB-12. This form is applicable where the ratio of gross area of windows/sidelights/skylights/glazing in doors and sliding glass doors to the gross area of peripheral walls is not more than 22%.

For use by Principal Authority	
Application No:	Model/Certification Number

A. Project Information

Building number, street name	Unit number	Lot/Con
Municipality	Postal code	Reg. Plan number / other description

B. Prescriptive Compliance [indicate the building code compliance package being employed in this house design]

SB-12 Prescriptive (input design package): Package: _____ Table: _____

C. Project Design Conditions

Climatic Zone (SB-1):	Heating Equipment Efficiency	Space Heating Fuel Source
<input type="checkbox"/> Zone 1 (< 5000 degree days)	<input type="checkbox"/> ≥ 92% AFUE	<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Solid Fuel
<input type="checkbox"/> Zone 2 (≥ 5000 degree days)	<input type="checkbox"/> ≥ 84% < 92% AFUE	<input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Earth Energy
Ratio of Windows, Skylights & Glass (W, S & G) to Wall Area		Other Building Characteristics
Area of walls = _____ m ² or _____ ft ²	W, S & G % = _____	<input type="checkbox"/> Log/Post&Beam <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> ICF Basement <input type="checkbox"/> Slab-on-ground <input type="checkbox"/> Walkout Basement <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Combo Unit <input type="checkbox"/> Air Sourced Heat Pump (ASHP) <input type="checkbox"/> Ground Sourced Heat Pump (GSHP)
Area of W, S & G = _____ m ² or _____ ft ²	Utilize window averaging: <input type="checkbox"/> Yes <input type="checkbox"/> No	

D. Building Specifications [provide values and ratings of the energy efficiency components proposed]

Energy Efficiency Substitutions				
<input type="checkbox"/> ICF (3.1.1.2.(5) & (6) / 3.1.1.3.(5) & (6))				
<input type="checkbox"/> Combined space heating and domestic water heating systems (3.1.1.2.(7) / 3.1.1.3.(7))				
<input type="checkbox"/> Airtightness substitution(s) Airtightness test required (Refer to Design Guide Attached)	<input type="checkbox"/> Table 3.1.1.4.B Required: _____ Permitted Substitution: _____			
	<input type="checkbox"/> Table 3.1.1.4.C Required: _____ Permitted Substitution: _____			
	Required: _____ Permitted Substitution: _____			
Building Component	Minimum RSI / R values or Maximum U-Value ⁽¹⁾		Building Component	Efficiency Ratings
Thermal Insulation	Nominal	Effective	Windows & Doors Provide U-Value ⁽¹⁾ or ER rating	
Ceiling with Attic Space			Windows/Sliding Glass Doors	
Ceiling without Attic Space			Skylights/Glazed Roofs	
Exposed Floor			Mechanicals	
Walls Above Grade			Heating Equip.(AFUE)	
Basement Walls			HRV Efficiency (SRE% at 0° C)	
Slab (all >600mm below grade)			DHW Heater (EF)	
Slab (edge only ≤600mm below grade)			DWHR (CSA B55.1 (min. 42% efficiency))	# Showers _____
Slab (all ≤600mm below grade, or heated)			Combined Heating System	

(1) U value to be provided in either W/(m²•K) or Btu/(h•ft²•F) but not both.

E. Designer(s) [name(s) & BCIN(s), if applicable, of person(s) providing information herein to substantiate that design meets the building code]

Qualified Designer Declaration of designer to have reviewed and take responsibility for the design work.		
Name	BCIN	Signature

Guide to the Prescriptive Energy Efficiency Design Summary Form

This form must accurately reflect the information contained on the drawings and specifications being submitted. Refer to Supplementary Standard SB-12 for details about building code compliance requirements. Further information about energy efficiency requirements for new buildings is available from the provincial building code website or the municipal building department.

The building code permits a house designer to use one of four energy efficiency compliance options:

1. Comply with the SB-12 Prescriptive design tables (this form is for this option (Option 1)),
2. Use the SB-12 Performance compliance method, and model the design against the prescriptive standards,
3. Design to Energy Star, or
4. Design to R2000 standards.

COMPLETING THE FORM

B. Compliance Options

Indicate the compliance option being used.

- SB-12 Prescriptive requires that the building conforms to a package of thermal insulation, window and mechanical system efficiency requirements set out in Subsection 3.1.1. of SB-12. Energy efficiency design modeling and testing of the building is not required under this option. Certain substitutions are permitted. In which case, the applicable airtightness targets in Table 3.1.1.4.A must be met.

C. Project Design Conditions

Climatic Zone: The number of degree days for Ontario cities is contained in Supplementary Standard SB-1 *Windows, Skylights and Glass Doors:* If the ratio of the total gross area of windows, sidelights, skylights, glazing in doors and sliding glass doors to the total gross area of walls is more than 17%, higher efficiency glazing is required. If the ratio is more than 22%, the SB-12 Prescriptive option may not be used. The total area is the sum of all the structural rough openings. Some exceptions apply. Refer to 3.1.1.1. of SB-12 for further details.

Fuel Source and Heating Equipment Efficiency: The fuel source and efficiency of the proposed heating equipment must be specified in order to determine which SB-12 Prescriptive compliance package table applies.

Other Building Conditions: These construction conditions affect SB-12 Prescriptive compliance requirements.

D. Building Specifications

Thermal Insulation: Indicate the RSI or R-value being proposed where they apply to the house design. Under the SB-12 Prescriptive option, alternative ICF wall insulation is permitted in certain conditions where other design elements meet higher standards. Refer to SB-12 for further details. Where effective insulation values are being used, the Authority Having Jurisdiction may require supporting documentation.

BUILDING CODE REQUIREMENTS FOR AIRTIGHTNESS IN NEW HOUSES

All houses must comply with increased air barrier requirements in the building code. Notice of air barrier completion must be provided and an inspection conducted prior to it being covered.

The air leakage rates in Table 3.1.1.4.A are not requirements. This provision is a voluntary provision for when credits for airtightness are claimed. Credit for air tightness allows the designer to substitute the requirements of compliance packages as set out in Table 3.1.1.4.B or 3.1.1.4.C. Neither the air leakage test nor compliance with airtightness targets given in Table 3.1.1.4.A are required, unless credit for airtightness is claimed. Table 3.1.1.4.A provides airtightness targets in three different metrics; ACH, NLA, NLR. Any one of them can be used. OBC Reference Default Air Leakage Rates (Table 3.1.1.4.A)

Building Type	Airtightness Targets				
	ACH @ 50 Pa	NLA @ 10 Pa		NLR @ 50 Pa	
Detached dwelling	2.5	1.26 cm ² /m ²	1.81 in ² /100ft ²	0.93 L/s/m ²	0.18 cfm50/ft ²
Attached dwelling	3.0	2.12 cm ² /m ²	3.06 in ² /100ft ²	1.32 L/s/m ²	0.26 cfm50/ft ²

The building code requires that a blower door test be conducted to verify the air tightness of the house during construction if the SB-12 Prescriptive option with airtightness credit being applied. Results of the airtightness test may need to be submitted to the Authority Having Jurisdiction. Airtightness of less than 2.5 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of detached houses, or 3.0 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of attached houses is necessary to meet the required energy efficiency standard.

E. House Designer

The building code requires designers providing information about whether a building complies with the building code to have a BCIN. Exemptions apply to architects, engineers and owners designing their own house.



Radon Mitigation

Property Address _____

As required in the Ontario Building Code, Article 9.13.4.1. "Soil Gas Control", where the proposed construction of a house, semi-detached house, townhouse or residential addition includes a floor system in direct contact with the ground Radon Mitigation is required to be addressed in conformance with MMAH Supplementary Standard SB-9, "Requirements for Soil Gas Control".

Please indicate which of the three Radon Mitigation methods will be utilized:

Soil Gas Barrier System

- | |
|--|
| <ul style="list-style-type: none">• 6 mil poly under concrete floor |
| <ul style="list-style-type: none">• 6 mil poly between concrete floor and separate floor over the slab |
| <ul style="list-style-type: none">• Perimeter of concrete slab and all penetrations through the slab shall be sealed |

Subfloor Depressurization, (Rough-in only)

- | |
|--|
| <ul style="list-style-type: none">• Minimum 100 mm (4") pipe installed at or near center of floor area |
| <ul style="list-style-type: none">• Increase amount of granular under the floor at pipe inlet location |
| <ul style="list-style-type: none">• Pipe to extend above floor with removable seal pipe must be clearly labelled for removal of soil gas |

Note: When Subfloor Depressurization is roughed-in only, testing for Radon is required once the home is occupied. Testing must occur over the winter months for a period not less than 91 days. The test results must be submitted to the Town of Fort Erie. If the test results exceed Ministry tolerances a full depressurization system must be installed.

*** Please note that the building permit file will remain active until test results are received and no further construction is required.**

Subfloor Depressurization, (Full installation)

- | |
|--|
| <ul style="list-style-type: none">• Minimum 100 mm (4") pipe installed at or near centre of floor area |
| <ul style="list-style-type: none">• Increase amount of granular under the floor at pipe inlet location |
| <ul style="list-style-type: none">• Pipe extended to exterior of the building |
| <ul style="list-style-type: none">• System must include an in-line fan |

Signature of Applicant:

Date:
