



Corporation of the Municipality Of Brockton

Building Dept.
CBO, Dominic Paquette
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Municipal Office
100 Scott Street, Box 68
Walkerton, Ontario
N0G 2VO
(519)881-2223
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Checklist for Building Permits

Name of Applicant: _____

Address: _____ Zoning _____

Civic #: _____ Roll #: _____

✓ Items

Required Rec'd

<input type="checkbox"/>	<input type="checkbox"/>	Application- fully filled out, including Applicant's signature.
<input type="checkbox"/>	<input type="checkbox"/>	Schedule 1: Designer Information - filled out including BCIN and proof of insurance, if project requires a qualified designer.
<input type="checkbox"/>	<input type="checkbox"/>	Payment of required fees - including Application fee & other applicable charges.
<input type="checkbox"/>	<input type="checkbox"/>	Site Plan Agreement Approval
<input type="checkbox"/>	<input type="checkbox"/>	Site Plan
<input type="checkbox"/>	<input type="checkbox"/>	Plans - specifications, documents and other information necessary to support the Application. Two sets of plans .
<input type="checkbox"/>	<input type="checkbox"/>	Record of Site Condition - if proposed change in land use is from industrial or commercial to residential or other more sensitive use, or where the lands may have been contaminated- an RSC must be prepared by a qualified person.
<input type="checkbox"/>	<input type="checkbox"/>	Lateral Sewer Connection Permit - Town sewer system connections.
<input type="checkbox"/>	<input type="checkbox"/>	Sewage System Permit - Rural sewage systems.
<input type="checkbox"/>	<input type="checkbox"/>	New Home Construction Licensing Requirement (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Letter of Understanding - pouring concrete in cold weather.
<input type="checkbox"/>	<input type="checkbox"/>	Confirmation of Commitment by Owner (P. Eng & Arch)
<input type="checkbox"/>	<input type="checkbox"/>	Lot Grading Affirmation
<input type="checkbox"/>	<input type="checkbox"/>	Record of Approval for NMS or NMP (nutrient management strategy or nutrient management plan)
<input type="checkbox"/>	<input type="checkbox"/>	Saugeen Valley Conservation Authority (SVCA) Approval
<input type="checkbox"/>	<input type="checkbox"/>	SWPA-Source Water Protection

Signature of Applicant

Signature of Inspector

FOR OFFICE USE ONLY -
STAGES OF CONSTRUCTION FOR BUILDING PERMIT

PLEASE REQUIRED INSPECTIONS

Water Service
Sanitary Sewer
Storm Sewer
Footing
Foundation Wall
Plumbing Underground
Rough Plumbing
Rough Heating
Framing
All fire protection systems (standpipes, sprinklers, fire alarms, etc)
Air Barrier
Fire Separation
Insulation
Plumbing Final
Heating Final
Occupancy
Interior Final
Exterior Final
Lot Grading
Excavation for Sewage System
Installation of Sewage System prior to backfill
Sewage System Final

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
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
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
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
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)			
<ol style="list-style-type: none"> The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 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.
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Municipality	Postal code	Plan number/ other description	
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B. Individual who reviews and takes responsibility for design activities

Name	Firm
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Street address		Unit no.	Lot/con.
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Municipality	Postal code	Province	E-mail
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Telephone number	Fax number	Cell number
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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

I _____ declare that (choose one as appropriate):
 (print name)

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: _____

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: _____

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) (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: (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. 			
<hr style="border: 0.5px solid black;"/> <p>Date</p>		<hr style="border: 0.5px solid black;"/> <p>Signature of applicant</p>	