

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: TOWN OF NEWMARKET (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 ²)		
B. Purpose of application				
New construction	Addition to an existing building	Alteration/repair	Demolition	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.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes	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.			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)				
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]			
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			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>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>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>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"> 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. <p style="text-align: center; margin-top: 20px;">Date _____ Signature of Designer _____</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

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:</p> <p style="margin-left: 40px;">(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>OR</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> <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 style="margin-top: 20px;">Date _____ Signature of applicant _____</p>			



PLANNING AND BUILDING SERVICES

Town of Newmarket www.newmarket.ca
 395 Mulock Drive building@newmarket.ca
 P.O. Box 328, STN Main T: 905.953.5300 X:2400
 Newmarket, ON L3Y 4X7 F: 905.953.5140

**Pre-screening Questionnaire
 Permit to Construct or Demolish**

Project Address:	Date:
Owner:	Applicant or Contractor:
Current Use:	Work Proposed:
*Estimated Start Date:	Estimated Completion Date:

*Estimated date of commencement may be contingent on the applicant's compliance with permit issuance requirements.

Circle One

- | | | |
|--|-----|----|
| 1. Is your project subject to a Site Plan or Encroachment Agreement? | Yes | No |
| 2. Will you require heavy equipment (ie: backhoe, forklift, etc) for your project? | Yes | No |
| 3. Are you planning to excavate for footings or services (ie: water and/or sewer)? | Yes | No |
| 4. Is your property currently serviced by a private well? | Yes | No |
| 5. Is your property currently serviced by a septic system? | Yes | No |
| 6. Will you require new service from the municipal watermain and/or sanitary connection (ie: do you anticipate increasing the size of your water service)? | Yes | No |

Internal Use Only		
C&F	R.O.P.	
C&F	R.O.P.	
C&F	R.O.P.	S.S.
C&F	R.O.P.	S.S.
C&F	R.O.P.	S.S.

If you answered "yes" to any of the above questions, a copy of this questionnaire will be sent to Engineering Services and Public Works Services as you may need to obtain additional approvals from one or both of these departments. You are responsible to follow up with the respective departments to secure any necessary approvals. Depending on the scope of your project, the additional approvals could include the following:

- **Cut and Fill Permit/Site Alteration Permit:** This permit may be required before excavating on private property. For cost and further information regarding a Site Alteration/Cut and Fill Permit, please contact **Engineering Services** at 905-953-5300, extension 2500.
- **Road Occupancy Permit:** A contractor intending to transport heavy equipment across Town of Newmarket property (boulevard) in order to facilitate construction on private property is required to obtain a Road Occupancy Permit. A contractor proposing to excavate within the Town's right-of-way is also required to obtain a Road Occupancy Permit. Road Occupancy Permit applications are available online or by contacting **Public Works Services** at 905-953-5300, extension 2550.
- **Site Servicing Drawing:** Understanding the location, depth and sizes of the existing services available to you is essential for a successful project. The onus is fully on the property owner to secure such information and supply plans for construction of service connections to the Town of Newmarket prior to commencing construction. You may be required to provide a drawing showing your proposed connections. To assist in this task, **Engineering Services** may have drawings showing existing infrastructure fronting your property. For more information about obtaining drawings for your area, please contact **Engineering Services** at 905-953-5300, extension 2500.



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Schedule "B"

THE CORPORATION OF THE TOWN OF NEWMARKET
 APPLICATION FOR A PERMIT TO CONSTRUCT OR DEMOLISH

Project Address:	Permit #:
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Builder / Contractor (if known)

Name/ Company:	License No.:
Address:	Phone:

Plumbing Contractor (if known)

Name/ Company:	License No.:
Address:	Phone:

Drain Contractor (if known)

Name/ Company:	License No.:
Address:	Phone:

PERMIT TYPE	IF DRAINS
() Plumbing () Drains () Both	() Inside () Outside () Both

FIXTURES (Standalone Work)

Quantity of each fixture, floor drain, equipment, appliances, thermostatic mixing valve, vented traps or roof hopper:	
Quantity of each storm and grease interceptor:	Quantity of each testable backflow prevention:
Other	
Office Use: \$	

OFFICE USE ONLY
Building Permit Fee:
Other Fees:
Water Meter Fee: Acct 42429-7821
Size:
Water Construction Fee: Acct. 42429-7822
TOTAL 1 :

COMMERCIAL	QTY
Manholes	
Catch Basins	
Rain Water Hoppers	
Area Drains	
Office Use \$	

RESIDENTIAL	QTY
Water Service	
Sanitary Drain	
Storm Drain	
Conversion	
Office Use \$	

COMMERCIAL			
Complies with qty.	Water Service	Sanitary Drains	Storm Drains
50mm (2") or less			
100mm (4")			
150mm (6")			
200mm (8")			
250mm (10")			
300mm (12")			
List each size greater than 300mm (12")			
Other (specify):			
Office use \$			

ADDITIONAL FEES		
ACCT.	REASON	AMOUNT
TOTAL 2:		



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Refund Policy

Excerpt from Corporation of the Town of Newmarket Building By-Law 2015-58, Schedule "A"

6. Refunds

Pursuant to Part 18 of this By-law, the fees that may be refunded shall be a percentage of the fees payable under this By-law, calculated by the Chief Building Official as follows:

- a) 90 percent if administrative functions only have been performed;
- b) 80 percent if administrative and zoning functions only have been performed;
- c) 60 percent if administrative, zoning and plan examination functions have been performed;
- d) 50 percent if the permit has been issued and no field inspections have been performed subsequent to permit issuance.
- e) a **\$60.00** fee for each field inspection that has been performed after the permit has been issued will be deducted from all refunds.
- f) If the calculated refund is less than the minimum fee applicable to the work, no refund shall be made of the fees paid.

Important Contact Information

- Lake Simcoe Region Conservation Authority 905-895-1281
 - 120 Bayview Pkwy., Newmarket
- Electrical Safety Authority (ESA) 1-877-372-7233
 - www.esasafe.com
- Ontario One Call 1-800-400-2255
 - www.on1call.com
- York Region - Health Connection 1-800-361-5653
 - 465 Davis Dr. Ste. 240, Tannery Mall, Newmarket
- Land Registry Office 905-713-7798
 - 50 Bloomington St. West, Aurora