This form is authorized under subsection 8(1.1) of the Building Code Act, 1992

For use by Principal Authority														
Application number:		Permit r	t number (if different):											
Date received:		Roll nur	number:											
Application submitted to:  Algoma Public Health  (Name of municipality, upper-tier municipality, board of health or conservation authority)														
A. Project information					Lot/con.									
Building number, street name Unit number														
Municipality	Postal co	de	Plan number/other description											
Project value est. \$	oject value est. \$ Area of work (													
B. Purpose of application	Purpose of application													
New construction Addition existing b	uilding		•	Demolition Conditional Permit										
Proposed use of building		Current use of building												
Description of proposed work														
C. Applicant Applicant is:	Owner	or	Authorized age	nt of owner										
Last name	First nam	ie	Corporation or partners	ship										
Street address				Unit number	Lot/con.									
Municipality	Postal co	de	Province	E-mail										
Telephone number xxx-xxx-xxxx	Fax xxx-xx	X-XXX	Cell number xxx-xxx-xxxx											
D. Owner (if different from applicant)														
Last name	First nam	ie	Corporation or partners	ship										
Street address	1			Unit number	Lot/con.									
Municipality	Postal co	de	Province	E-mail										
Telephone number xxx-xxx-xxxx	Fax xxx-xx	X-XXX		Cell number xxx-xxx-xxxx										

E. Builder (optional)														
Last name	First name	Corporation or partnersh	ip (if applicable)											
Street address			Unit number	Lot/con.										
Municipality	Postal code	Province	E-mail											
Telephone number xxx-xxx-xxxx	Fax xxx-xxx-xxxx		Cell number xxx-xx	XX-XXXX										
F. Tarion Warranty Corporation (Ontario	New Home Warra	nty Program)												
<ul> <li>i. Is proposed construction for a new hom Plan Act? If no, go to section G.</li> </ul>	Plan Act? If no, go to section G.													
ii. Is registration required under the Ontar	io New Home Warrant	ies Plan Act?	Yes	No										
16 (**)	· · ·													
iii. If yes to (ii) provide registration number	(S):													
<ul><li>G. Required Schedules</li><li>i) Attach Schedule 1 for each individual who rev</li></ul>	 views and takes resnor	asibility for design activities												
ii) Attach Schedule 2 where application is to con	•	,												
H. Completeness and compliance with		- repair a seriage system.												
i) This application meets all the requirements o		) to (d) of Division C of the		N-										
Building Code (the application is made in the applicable fields have been completed on the schedules are submitted).	correct form and by th	e owner or authorized agent		No										
Payment has been made of all fees that are regulation made under clause 7(1)(c) of the E application is made.			Yes	No										
ii) This application is accompanied by the plans resolution or regulation made under clause 7			law, Yes	No										
iii) This application is accompanied by the inform law, resolution or regulation made under clau the chief building official to determine whethe contravene any applicable law.	se 7(1)(b) of the Buildi	ing Code Act, 1992 which en	able	No										
iv) The proposed building, construction or demol	ition will not contraven	e any applicable law.	Yes	No										
I. Declaration of applicant														
[(print name)			de	clare that:										
The information contained in this applic documentation is true to the best of my     If the owner is a corporation or partners	knowledge.			ner attached										
Date DD/MM/YYYY	Signature o	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 Firm Name Street address Unit no. Lot/con. Municipality Postal code Province E-mail Telephone number xxx-xxx-xxxx Fax number xxx-xxx-xxxx Cell number xxx-xxx-xxxx C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C1 HVAC - House **Building Structural** House 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 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:

## NOTE:

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.

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.

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.

Signature of Designer

Date DD/MM/YYYY

## **Schedule 2: Sewage System Installer Information**

A. Project Information												
Building number, street name	Unit number	Lot/con.										
Municipality	ewage system installer installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or ng sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?  Installer unknown at time of application (Continue to Section E)  Egistered installer information (where answer to B is "Yes")  BCIN  address  Unit number  Lot/con.  Postal code  Province  E-mail  one number >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		Plan number/ other description									
B. Sewage system installer												
emptying sewage systems, in accordance	e with Building Co	ode Article 3.3.1.1, Division C	??									
application (Continue to Sec												
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 xxx-xxx-xxxx	Fax xxx-xxx-xxxx	ı	Cell number xxx-xxx	-xxxx								
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:												
1				declare that:								
(print name)												
			unknown at time of a	application, I shall								
<u>OR</u>												
	truct the sewage	system, and am submitting a	new Schedule 2, no	ow that the installer is								
I certify that:												
1. The information contained in thi	s schedule is true	to the best of my knowledge	).									
2. If the owner is a corporation or p	oartnership, I have	e the authority to bind the cor	rporation or partners	hip.								
Date DD/MM/YYYY Signature of applicant												



## DESIGN LAYOUT ON-SITE SEWAGE SYSTEMS AND BUILDING PERMITS

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