

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: _____ <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 Warranties 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.

Thorold

Corporation of the City of Thorold
 Planning & Building Services, Building Division
 3540 Schmon Parkway, Thorold, Ontario L2V 4Y6
 P: 905•227•6613 F: 905•227•8137
 www.thorold.com

Application for a Permit Supplemental Sign Data Request Form

For Use by Municipality	
APO Number	Tax Roll Number
Required Departmental Approvals Prior to Permit Issuance	
<input type="checkbox"/> Thorold City Council	received by: _____ date: ___ / ___ / ___
<input type="checkbox"/> Niagara Region (Permit)	received by: _____ date: ___ / ___ / ___
<input type="checkbox"/> Niagara Escarpment Commission	received by: _____ date: ___ / ___ / ___
<input type="checkbox"/> Ministry of Transportation (Permit)	received by: _____ date: ___ / ___ / ___

Date Received

A) Project Information			
Address of Project			
Building Number	Street Name	Unit Number	Lot/con.

B) Sign Project Details			
Sign Type			
<input type="checkbox"/> Billboard <input type="checkbox"/> Ground Sign <input type="checkbox"/> Pole Sign <input type="checkbox"/> Portable Ground Sign <input type="checkbox"/> Projecting Sign <input type="checkbox"/> Roof Sign <input type="checkbox"/> Sandwich Board			
Sign Dimensions			
Sign Face Dimension - Horizontal _____ (m)	Sign Face Dimension - Vertical _____ (m)	Sign Face Area _____ (m ²)	Sign Height (top of structure) _____ (m)
Temporary Sign (for use with temporary sign applications only)			
purpose: _____		Date or Event: ___ M / ___ D / ___ Y	

C) Zoning Information			
Current Use		Corner Lot	Encroachment Required
<input type="checkbox"/> Vacant Lot <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Dimensions			
Lot Frontage _____ (m)	Lot Depth _____ (m)	Lot Area _____ (m ²)	Proximity to nearest billboard (use only for billboard applications) _____ (m)
Has a Variance from the Zoning By-Law been issued for this property? (if yes, provide ref. no.) <input type="checkbox"/> No <input type="checkbox"/> Yes _____			

For Use by Municipality	
I, the Chief Building Official for the City of Thorold authorize the issuance of a permit for the requested purpose of this application.	
_____ (date)	_____ (signature)
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City of Thorold Sign By-Law 21-2007