


# SMITHS FALLS BUILDING PERMIT APPLICATION

## FORM 2 - SMALL PROJECTS RESIDENTIAL ~ COMMERCIAL

Application number:		Permit number:		Approved By CBO:	
Date received:		Roll number:		Date Approved:	
<b>A. Project information</b> <span style="color: red;">NOTE</span> - A) TYPE INFORMATION INTO THIS FORM B) SAVE C) THEN E-MAIL TO BUILDING@SMITHSFALLS.CA					
Building number, street name				Unit number	Lot/con.
<b>TOWN of SMITHS FALLS</b>		Postal code	Plan number/other description		
Project Construction Area – sq ft or sq Metres ▶			Project Value ▶	\$	
<b>B. Applicant is:</b> <input type="checkbox"/> Ov <input type="checkbox"/> Authorized agent of owner (Signed Agent Form Required – www.smithsfalls.ca)					
Last name		First name		Corporation or partnership	
Street address				Unit number	Lot/con.
City/Town/Village		Postal/Zip code	Province/State	E-mail	
Telephone number ( ) ( )		Fax ( ) ( )		Cell number ( ) ( )	
<b>C. Owner (if different from applicant)</b>					
Last name		First name		Corporation or partnership	
Street address				Unit number	Lot/con.
City/Town/Village		Postal/Zip code	Province/State	E-mail	
Telephone number ( ) ( )		Fax ( ) ( )		Cell number ( ) ( )	
<b>D. Builder is:</b> <input type="checkbox"/> Owner or complete below.					
Last name		First name		Phone:	Cell:
<b>Purpose of Application</b> – Fill in block 1. - 2. - 3. or 4. where indicated <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL					
<input type="checkbox"/> Garage ▶3▶4	<input type="checkbox"/> Accessory Bldg ▶1▶3▶4	<input type="checkbox"/> Renovations ▶1▶2▶3	<input type="checkbox"/> Plumbing ▶1▶2▶3	<input type="checkbox"/> Solid Fuel Device ▶3	
<input type="checkbox"/> Other ▶3▶4	<input type="checkbox"/> Addition to Bldg ▶1▶2▶3▶4	<input type="checkbox"/> Structural Repairs ▶3	<input type="checkbox"/> Mechanical ▶3	<input type="checkbox"/> Demolition ▶2▶3	
1. Proposed use of Building			2. Current use of Building		
3. Brief description of proposed work					
_____					
_____					
Date		Signature of applicant			
4. SITE PLAN DRAWING REQUIRED – see <a href="http://www.smithsfalls.com">www.smithsfalls.com</a> or Office - Form 9					

# SMITHS FALLS BUILDING PERMIT APPLICATION

## FORM 2 - SMALL PROJECTS RESIDENTIAL COMMERCIAL

ZONING	MNV	REZONING #	RVCA #
Has this property been designated under <u>The Ontario Heritage Act?</u> <input type="checkbox"/> Y <input type="checkbox"/> N    ▶ ▶ Owner Initials: _____			
Start Date:		Finish Date:	

N/A Provide requested information or check off N/A where applicable

1.  **HEATING SOURCE**     Forced Air     Radiant     BBE    2. **FUEL**     Oil     Gas     Electric     Solid Fuel
3.  **SOLID FUEL DEVICE**     Stove     Fireplace     Insert     Furnace    4. **FUEL TYPE**     Wood     Pellet     Corn
5.  **CHIMNEY** is  Existing     New and is  Factory Built or  Masonry
6.  **VENTILATION** – HVAC/HRV/HEAT LOSS Design     Plans Attached or     Pending or     Not Required – Why ?
7.  **INSULATION** - Basement R-\_\_\_\_\_ Walls R-\_\_\_\_\_ Roof R-\_\_\_\_\_ Floor R-\_\_\_\_\_
8.  **PLUMBING**     Plumbing Design attached or     Plumber will provide test certificate and licence #
9.  **SEPTIC APPROVAL REQUIRED**     Y     N    If YES has health approval been obtained     Y     N – Why?
10.  **CONSTRUCTION TYPE**     Wood Frame     Masonry     ICF     Steel     Pre-engineered     SIPS  
 Other (specify) \_\_\_\_\_
11.  **FOOTING SIZE** - Strip \_\_\_\_\_ X \_\_\_\_\_ Jack Post Pad \_\_\_\_\_ X \_\_\_\_\_ Columns Pad \_\_\_\_\_ X \_\_\_\_\_
12.  **FOUNDATION TYPE**     Poured     Block     ICF – Type: \_\_\_\_\_ include copy of installer card and plans  
 Wood     Other: \_\_\_\_\_ Fdn. Width: \_\_\_\_\_
13.  **FLOOR** - Joist Size \_\_\_\_\_ X \_\_\_\_\_ or if P.Eng Joist     Plans Attached or     Pending
14.  **ROOF** – Rafter Size \_\_\_\_\_ X \_\_\_\_\_ or if P.Eng Truss     Plans Attached or     Pending

BUILDING PERMIT #			SHADED AREA FOR OFFICE USE ONLY	
<input type="checkbox"/> 1 <sup>ST</sup> Floor	Area	sq. ft.	X \$	= \$
<input type="checkbox"/> 2 <sup>nd</sup> Floor	Area	sq. ft.	X \$	= \$
<input type="checkbox"/> 3 <sup>rd</sup> Floor or Other:	Area	sq. ft.	X \$	= \$
<input type="checkbox"/> Open Deck	Area	sq. ft.	X \$	= \$
<input type="checkbox"/> Covered Deck	Area	sq. ft.	X \$	= \$
<input type="checkbox"/> Enclosed Porch/verandah	Area	sq. ft.	X \$	= \$
<input type="checkbox"/> Attached Garage	Area	sq. ft.	X \$	= \$
<input type="checkbox"/> Detached Garage/Accessory	Area	sq. ft.	X \$	= \$
<input type="checkbox"/> Contractors Price \$			Project Value \$	
<b>Daniel J. Prest, CMMII, CHIEF BUILDING OFFICIAL, BCIN 22926, WETT 1845</b>			Fee Deposit \$	
BP Fee \$	Admin Fee: \$	Other: \$	Total Fee \$	
			Less Deposit \$	



[www.smithsfalls.ca](http://www.smithsfalls.ca)

INCLUDE ON SITE SKETCH FOR EXISTING AND PROPOSED STRUCTURES ALL ITEMS BELOW (AS APPROPRIATE)

ALL Lot lines     Dimensions & Area of ALL structures on property including ▶ Decks ▶ Sheds ▶ Gazebos ▶ Pools ▶ etc.  
 Include their ▶ Length ▶ Width ▶ Area ▶ Height to Peak     LOCATION ▶ Hydro Lines ▶ Streets with Names

# SMITHS FALLS BUILDING PERMIT APPLICATION

## FORM 2 - SMALL PROJECTS RESIDENTIAL COMMERCIAL

**PLUMBING – AS REQUIRED**

NUMBER OF **PLUMBING FIXTURES**:

Water Closets: \_\_\_\_\_ Kitchen Sinks: \_\_\_\_\_ Urinals: \_\_\_\_\_

Bath Tubs: \_\_\_\_\_ Laundry Tubs: \_\_\_\_\_ Floor Drains: \_\_\_\_\_

Wash Basins: \_\_\_\_\_ Shower Stalls: \_\_\_\_\_ Automatic Washers: \_\_\_\_\_

Dishwasher: \_\_\_\_\_ Bidet: \_\_\_\_\_

OTHER FIXTURES: (PLEASE SPECIFY) \_\_\_\_\_

TOTAL NUMBER OF FIXTURES: \_\_\_\_\_

**OWNER PLUMBER** – SUBMIT DETAILED DESIGN PLANS WITH APPLICATION PRIOR TO CONSTRUCTION

**PROFESSIONAL PLUMBER** – PROVIDE AS-BUILT DECLARATION (ATTACHED) BEFORE OCCUPANCY

**TRADES – AS REQUIRED**

**TRADES - CHECK ONE AS APPLICABLE: work will be conducted by:**

OWNER  Plumber: \_\_\_\_\_ Licence # \_\_\_\_\_

Phone #: \_\_\_\_\_ Company: \_\_\_\_\_

**OWNER CONTRACTOR:** SUBMIT DETAILED DESIGN PLANS - **PLUMBER CONTRACTOR:** SUBMIT AS-BUILT DECLARATION

OWNER  Electrician: \_\_\_\_\_ Licence # \_\_\_\_\_

Phone #: \_\_\_\_\_ Company: \_\_\_\_\_ SUBMIT HYDRO FINAL PERMIT

OWNER  Carpenter: \_\_\_\_\_ Licence # \_\_\_\_\_

Phone #: \_\_\_\_\_ Company: \_\_\_\_\_ SUBMIT DETAILED DESIGN PLANS

HRV Technician: \_\_\_\_\_ Licence # \_\_\_\_\_

Phone #: \_\_\_\_\_ Company: \_\_\_\_\_ SUBMIT COPY BALANCE TEST

OWNER  Sheet Metal Technician: \_\_\_\_\_ Licence # \_\_\_\_\_

Phone #: \_\_\_\_\_ Company: \_\_\_\_\_ SUBMIT DETAILED DESIGN

### AS BUILT DECLARATION FORMS AVAILABLE

INSULATION  
DUCTWORK  
PLUMBING  
HRV

[www.smithsfalls.com](http://www.smithsfalls.com) or Office - **Form 9**