

# SMITHS FALLS BUILDING PERMIT APPLICATION

## FORM 3 - RESIDENTIAL DWELLING UNITS ~ LARGE RESIDENTIAL RENOVATION

|                     |                |                  |
|---------------------|----------------|------------------|
| Application number: | Permit number: | Approved By CBO: |
| Date received:      | Roll number:   | Date Approved:   |

**A. Project information** NOTE – 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. Applicant is:**  Owner or  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 Code | Province                   | E-mail   |
| Telephone number<br>( ) | Fax<br>( )  | Cell number<br>( )         |          |

**C. Owner (if different from applicant)**

|                         |             |                            |          |
|-------------------------|-------------|----------------------------|----------|
| Last name               | First name  | Corporation or partnership |          |
| Street address          |             | Unit number                | Lot/con. |
| City/Town/Village       | Postal Code | Province                   | E-mail   |
| Telephone number<br>( ) | Fax<br>( )  | Cell number<br>( )         |          |

**D. Builder is:**  Owner or complete below.

|           |            |        |       |
|-----------|------------|--------|-------|
| Last name | First name | Phone: | Cell: |
|-----------|------------|--------|-------|

**E. Purpose of application** – fill in block 1. - 2. or 3. where indicated

|  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> NEW BUILDING – 1▶3▶4        | <input type="checkbox"/> PRINCIPLE BUILDING      | <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> INDUSTRIAL    |
| <input type="checkbox"/> ADDITION - 1▶3▶4            | <input type="checkbox"/> ACCESSORY BUILDING      | <input type="checkbox"/> COMMERCIAL  | <input type="checkbox"/> INSTITUTIONAL |
| <input type="checkbox"/> RENOVATION/REPAIR – 1▶2▶3▶4 | <input type="checkbox"/> CHANGE OF USE – 1▶2▶3▶4 |                                      |  |
| 1. Proposed use of Building                          | 2. Current use of Building                       |                                      |  |

|  |   |
|--|---|
| 3. Brief description of proposed work<br><hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |  |
|--|---|

**4. SITE PLAN DRAWING REQUIRED** – see [www.smithsfalls.com](http://www.smithsfalls.com) or Office - **Form 9**

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

**1) ALL** Lot lines **2) Dimensions & Area of ALL** structures on property include ▶ Decks ▶ Sheds ▶ Gazebos ▶ Pools ▶ etc.  
**3) Include their** ▶ Length ▶ Width ▶ Area ▶ Height to Peak **4) LOCATION** ▶ Hydro Lines ▶ Streets with Names


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|  |  |
|--|--|
| <b>F. Tarion</b>   |  |
| 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):  |  |
| <b>G. Attachments</b>  |  |
| i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.   |  |
| ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.  |  |
| iii. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made. |  |
| <b>H. Declaration of Applicant - IF APPLICATION NOT SIGNED IT WILL BE RETURNED</b>   |  |
| I _____ certify that:<br>(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. I have authority to bind the corporation or partnership (if applicable).  |  |
| _____ Date   | _____ Signature of applicant                             |

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

|  |                                   | 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, CMMIII, CHIEF BUILDING OFFICIAL, BCIN 22926, WETT 1845</b> |                                   |                                 | Fee Deposit \$     |
| BP Fee \$  | Admin Fee: \$                     | Other: \$                       | Total Fee \$       |
| \$   | DRIVEWAY PAVING DEPOSIT \$2000.00 |                                 | Less BP Deposit \$ |



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

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**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, licence # and 'as built' declaration.

### PLUMBING

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

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

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

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

OWNER: SUBMIT DETAILED DESIGN PLANS – TESTS      PLUMBER: SUBMIT AS-BUILT DECLARATION – TESTS

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 PLANS

### AS BUILT DECLARATION FORMS AVAILABLE

INSULATION  
DUCTWORK  
PLUMBING  
HRV

[www.smithsfalls.ca](http://www.smithsfalls.ca) or Town Hall

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### Schedule 1: Designer Information NOT APPLICABLE – IF OWNERS PRINCIPAL RESIDENCE

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

#### F. Project Information

|                |        |                                |          |
|----------------|--------|--------------------------------|----------|
| Street Address |        | Unit no.                       | Lot/con. |
| Municipality   | Postal | Plan number/ other description |          |

#### G. Individual who reviews and takes responsibility for design activities

|                |        |          |          |
|----------------|--------|----------|----------|
| Name           |        | Firm     |          |
| Street Address |        | Unit no. | Lot/con. |
| Municipality   | Postal | Province | E-mail   |
| Telephone      | Fax    |          | Cell     |

#### H. Design activities undertaken by individual identified in Section B. [Building Code Table 2.20.2.1]

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> House             | <input type="checkbox"/> HVAC – House                  | <input type="checkbox"/> Building Structural      |
| <input type="checkbox"/> Small Buildings   | <input type="checkbox"/> Building Services             | <input type="checkbox"/> Plumbing – House         |
| <input type="checkbox"/> Large Buildings   | <input type="checkbox"/> Detection, Lighting and Power | <input type="checkbox"/> Plumbing – All Buildings |
| <input type="checkbox"/> Complex Buildings | <input type="checkbox"/> Fire Protection               | <input type="checkbox"/> On-site Sewage Systems   |

Description of designer's work

#### I. 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 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. 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:  OWNER or  \_\_\_\_\_

I certify that:

1. The information contained in this schedule is true to the best of my knowledge.
2. I have authority to bind the corporation or partnership (if applicable).

Date

Signature of Designer