

# Application for a Permit to Demolish

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

For Use by Principal Authority		
Date Application Received:	Permit Number:	
Date Application Complete:	Roll Number:	
Permit Fee: \$	Deposit: \$	
Application submitted to: <b>Municipality of Central Huron</b> <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>		
A. Project Information		
Building Number, Street Name	Lot	Conc.
Town/City	Plan Number/Other Description	
Project Value Est. \$	Area of Work (m <sup>2</sup> )	
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 /Mailing Address		Town/City
Province	Postal Code	E-mail
Telephone Number (    )	Fax (    )	Cell Number (    )
D. Owner (if different from applicant)		
Last Name	First Name	Corporation or Partnership
Street /Mailing Address		Town/City
Province	Postal Code	E-mail
Telephone Number (    )	Fax (    )	Cell Number (    )

<b>E. Builder (optional)</b>		
Last Name	First Name	Corporation or Partnership (if applicable)
Street /Mailing Address		Town/City
Province	Postal Code	E-mail
Telephone Number ( )	Fax ( )	Cell Number ( )
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</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. Required Schedules</b>		
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		
<b>H. Completeness and Compliance with Applicable Law</b>		
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 Building Code Act, 1992, 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 Building Code Act, 1992.	<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 Building Code Act, 1992 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
<b>I. Declaration of Applicant</b>		
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

<b>A. Setbacks and Zoning</b>			
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Setbacks:			
Side Yard	Side Yard	Front Yard	Rear Yard
Zoning		Source Water Protection Area	

<b>B. Please Provide Site Plan of the Property Illustrating the Following:</b>
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- Lot size
- All existing buildings, their dimensions, and their proximity to lot lines
- Please indicate any overhead power lines
- Indicate building to be demolished, including dimensions, and the proximity to lot lines**
- Location of Well (if applicable) and its proximity to buildings and lot lines
- Location of Septic (if applicable) and its proximity to buildings and lot lines
- “All substances that are listed in the Occupational Health and Safety Act must be identified and reported to the Chief Building Official and Ministry of Labour prior to demolition commencing. Such is identified by a Designated Substance Report completed by a Qualified Professional in such field.”**