



Important Notice to Building Permit Applicants

Please be advised that a Building Permit application is not considered complete until Zoning Compliance has been confirmed and all other required information is submitted to the Town. This includes, but is not limited to, drawings to scale, site/plot plan, entrance permits, **and other related permits and approvals.**

Until such time as a Building Permit application is considered complete, the target processing times as set out in the Ontario Building Code and as listed below, do not commence.

- Residential (houses) 10 working days
- Small Buildings 15 working days
- Large Buildings 20 working days
- Complex Buildings 30 working days

THE CORPORATION OF THE TOWN OF MIDLAND

A handwritten signature in blue ink, appearing to read 'Terry Paquette', written over a horizontal line.


Terry Paquette, CBCO
Chief Building Official

/rs

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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:		TOWN OF MIDLAND 575 Dominion Avenue Midland, ON L4R 1R2 Phone: 705-526-4275 Fax: 705-526-9971 building@midland.ca	
			
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 Warranty 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 <i>Building Code</i> . (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 _____ certify 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.

Schedule 1: Designer Information

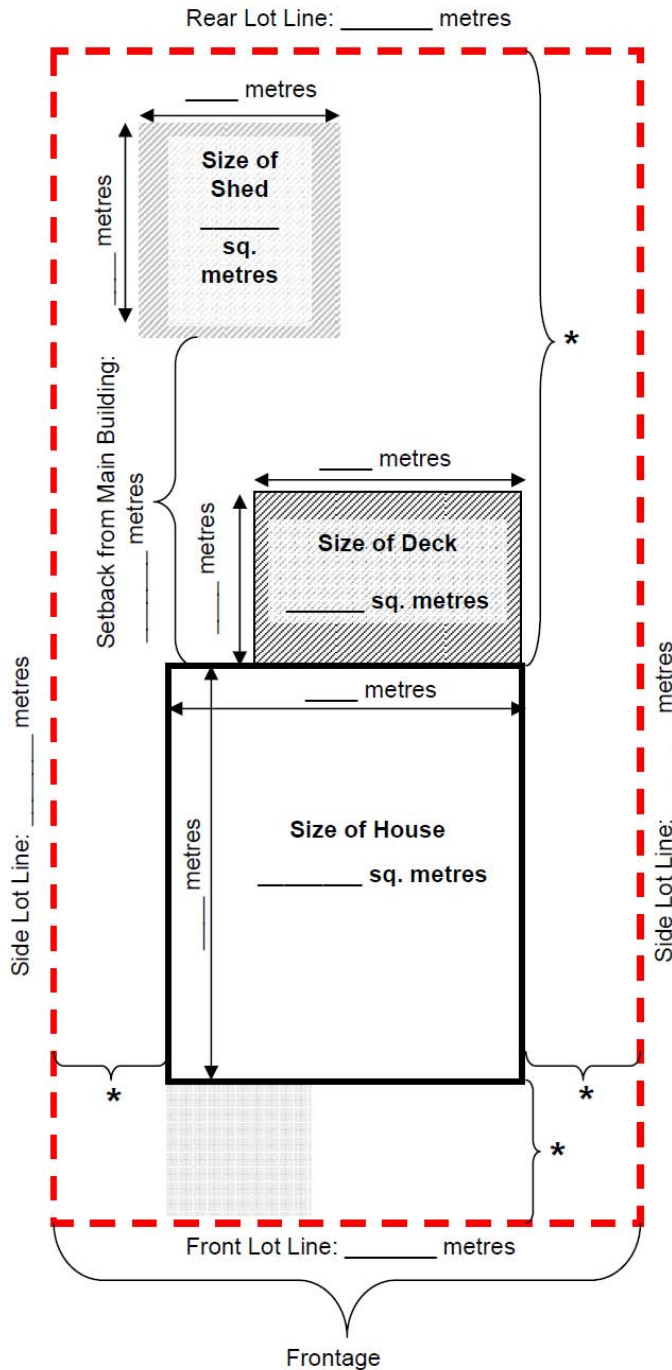
Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

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			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax number ()	Cell number ()	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1.(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			
D. Declaration of Designer			
I _____ declare that (choose one as appropriate): (print name)			
<input type="checkbox"/> 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. <div style="margin-left: 40px;">Individual BCIN: _____</div> <div style="margin-left: 40px;">Firm BCIN: _____</div>			
<input type="checkbox"/> 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. <div style="margin-left: 40px;">Individual BCIN: _____</div> <div style="margin-left: 40px;">Basis for exemption from registration: _____</div>			
<input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code. <div style="margin-left: 40px;">Basis for exemption from registration: _____</div>			
I certify that:			
<ol style="list-style-type: none"> 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. 			
_____		_____	
Date		(Signature of Designer)	

- NOTE:
1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d). 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.
 2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practice, a limited license to practice, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.



Sample Site Plan Drawing



Items required on site plan drawings:

- Measurements and location of property boundary/lot lines
- Location, size, and dimensions of all existing structures on the property (house, decks/porches, accessory buildings)
- Location, size, and dimensions of proposed construction
- Distances (setbacks) from all structures to each property line
- **Accessory Buildings:** Show distance of structure from the main building
- **Pools:** Indicate location of water treatment equipment and setbacks from property line(s)

*** Setbacks**

Front Yard Setback: _____ metres

Rear Yard Setback: _____ metres

Interior Yard Setbacks: _____ metres (a)
 _____ metres (b)

Exterior Yard Setbacks: _____ metres (a)
 (corner lot) _____ metres (b)

- - - - - Property Line
Note: Property lines must be based on legal survey.



RESIDENTIAL DECK DESIGN STATEMENT

A supplemental information sheet to accompany construction drawings.

Location of Property: _____

General Project Information (For multi-level decks, complete one sheet per level: Level No. _____)

1. What are the overall dimensions for the deck? _____

2. What is the height (vertical distance) from final grade to the top of decking?

_____ feet _____ inches

3. Will the deck be attached to the house? (circle answer) Yes No

If yes, how far below grade are the footings of the house? _____ feet _____ inches

Footings Information

1. Please circle the concrete pier diameter: 10 inch 12 inch Other: _____

2. How far below ground level will the concrete pier extend? _____ feet _____ inches

3. What will be the maximum pier spacing? _____ feet _____ inches on centre

NOTE: if a roof is ever planned to go over the deck a 28" footing will be required.

Framing Information

1. What is the post size? _____ by _____ What is post height? _____

2. What is the built-up beam size?

2" by _____ at 2 ply 3 ply 4 ply (circle answer)

3. What size are the floor joists?

2" by _____ with a joist spacing of _____ inches on centre.

4. What is the joist span? _____ feet _____ inches (clear span between supports)

5. How far will the floor joists overhang the beam? _____ inches

6. Please circle the type of decking material to be used: (circle answer)

Wood Composite Other:

7. What is the thickness of the decking material? _____

Guards Information

1. Provide railing as per SB-7 attached. (ie. ED-1) SB-7 Detail _____

Other Guards: please provide manufacturers specifications.

Stairs Information

1. What is the width of stairs? _____ inches

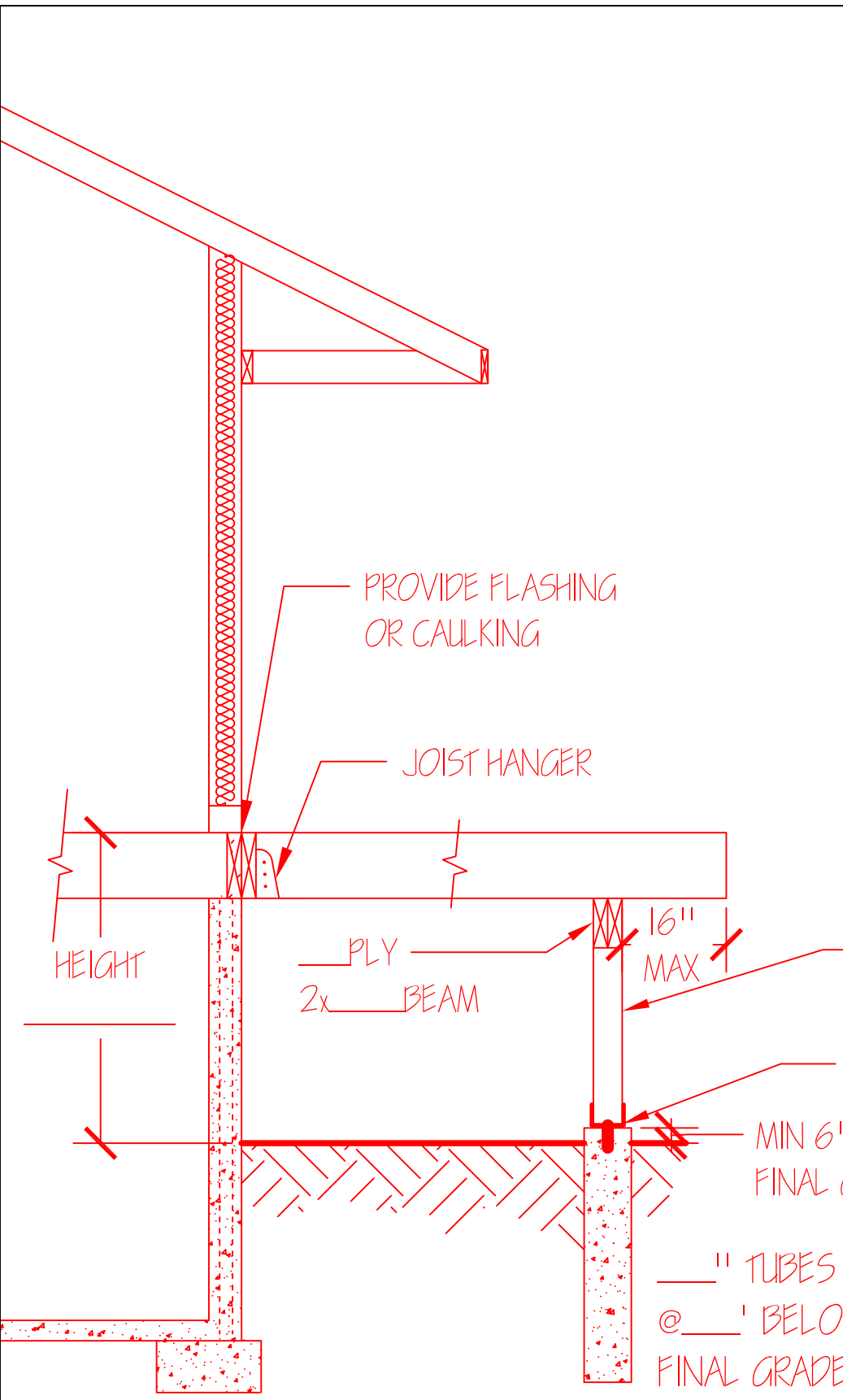
2. How many risers will there be? _____

Will the stairs have a landing? No Yes _____ indicate length

3. If more than three (3) risers, what is the proposed height of the hand rail? _____ inches

RAILING TO BE MIN 36" HIGH, AND SPACING BETWEEN BALUSTERS TO BE 4" MAX. WHEN DECK HEIGHT EXCEEDS 5'11" FROM GRADE RAILING HEIGHT SHALL BE 42". PROVIDE RAILING AS PER SB-7 ATTACHED SB-7 DETAIL _____

DECK BLOCKS ALLOWED ONLY IF DECK IS 24" OR LESS FROM UNDERSIDE OF JOISTS TO GRADE & NOT ISOLATED TO HOUSE



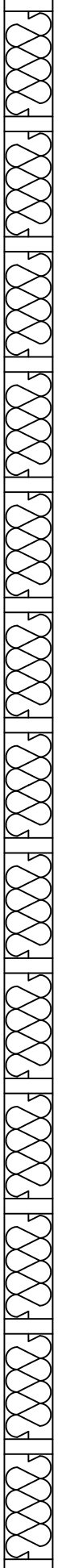
16" MAX

4X4 OR 6X6 POST (4X4 MAX 5'-11")

SADDLE

MIN 6" ABOVE FINAL GRADE

" TUBES @ ' BELOW FINAL GRADE (MINIMUM TUBE Ø IS 10")



LEDGER BOARD _____
1/2" Ø LAG BOLTS @ 16" o.c.

JOISTS

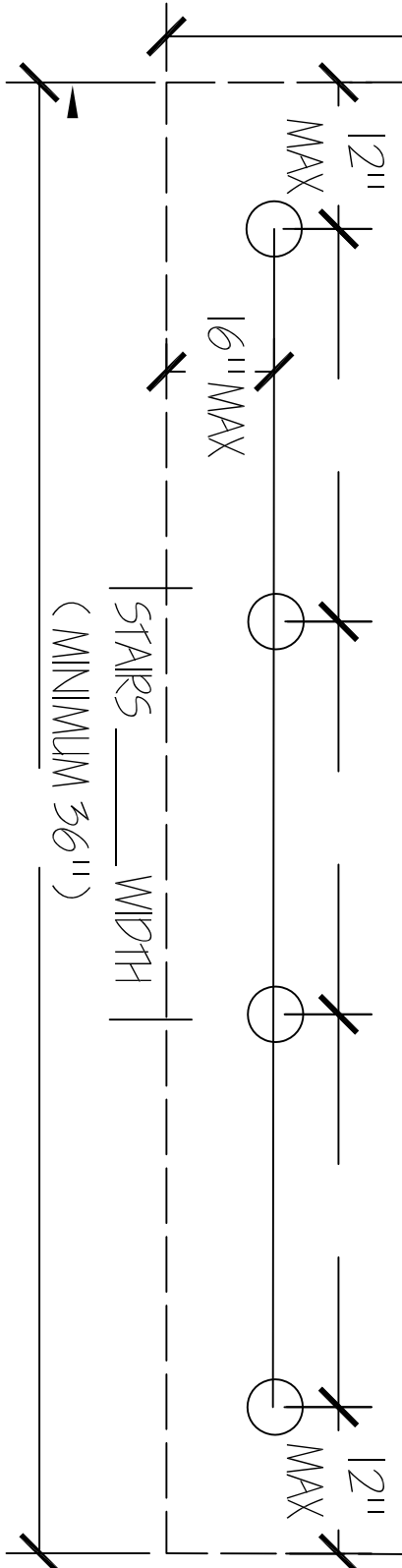
(MIN 2" X 8")
@ _____ O/C

DECKING TYPE _____ SIZE _____

NEW DECK SIZE

EXISTING DECK SIZE

ADDING _____ OUT
AND _____ WIDE



STAIRS MAX RISE TO BE 8"
ALL RISE & RUN TO BE EQUAL



TOWN OF MIDLAND
575 Dominion Avenue Midland, ON L4R 1R2
Phone: 705-526-4275 Fax: 705-526-9971 building@midland.ca

AUTHORIZATION OF LEGAL OWNER

I _____, being the legal owner of the

subject property described as (street address): _____,

Lot _____, Concession _____, on Plan No. _____,

in the Town of Midland, hereby authorize: _____

to do the following:

- apply for a Building Permit on behalf of myself, the Legal Owner, or
- retrieve information from archived Building Permits regarding the above noted address.

Date

Signature of Legal Owner