Municipality of Chatham-Kent
Building Development Services
315 King Street West,
Chatham, ON N7M 5K8
Tel: (519) 360-1998 Fax: (519) 436-3215

What do you need to supply when making application for a building permit?

When submitting for a building permit application the following items are required at the time of Application for permit:

- Ministry of Ontario Application to Construct or Demolish-Signed and dated
  - Complete with attached schedules, ensure appropriate schedules are complete, signed and dated.
- Energy Efficiency Design Summary to be completed by Designer or Qualified Energy Auditor
- **Two** sets of drawings, to scale legible and include:
  - **Site Plan** showing lot lines and dimensions, new and existing building sizes and locations, building setbacks, street names, municipal address and north arrow.
  - **Grading Plan** required for all new single detached, duplex, semi detached and multiple dwellings. Grading plan shall bear the signature and seal of a professional engineer, landscape architect or an Ontario Land Surveyor certifying the drainage scheme depicted by the lot grading plan is compatible with the existing drainage patterns.
  - **Foundation Plans** showing scale, dimensions, size, type and location of all walls and partitions, with locations and lintel sizes for all openings, material specifications or notes.
  - **Floor Plans** showing scale, dimensions, use of rooms and spaces, size, type and location of all walls and partitions, with location and lintel sizes for all openings, material specifications or notes, location and direction of stairs, references to details.
  - **Elevations** showing scale, vertical dimensions, grade level, exterior finishes, overhang dimension, roof shape, slope and finish, reference to details.
  - **Sections and details** showing scale, details of footing, foundations, walls, floors and roof, distance from grade to floors, roof and underside of footing, material specifications or notes.
  - **HVAC Duct Design Layout & Residential Mechanical Ventilation design summary sheet**
  - **All drawings** to be done by certified designers with a valid BCIN (Except for exemptions as outlined under sections 3.2.4 and 3.2.5 of Division C)
  - **Engineered truss drawings** (complete with engineer stamp) required prior to framing inspections. To avoid any problems it is recommended the stamped truss drawings be submitted with the permit application.
- General Review Commitment Certificate completed by engineer/architect for any sealed drawings for aspects of the building designed outside of Part 9 of the OBC.
- Conservation Authority approval required prior to making application to permit
  Lower Thames Valley Conservation Authority (519) 354-7310
  St Clair Region Conservation Authority (519) 245-3710
- Septic Application or verification if needed

Application determined to be incomplete will be rejected and returned prior to review and will require to be resubmitted for issuance of building permit

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BUILDING PERMIT LETTER OF AUTHORIZATION

Municipal Address: _____

I, _____ being the registered property owner of the
(Owners Name)

above noted property, hereby authorizes _____, to
(Agents Name)

make application for a building permit on my behalf. It is understood that we will abide by all by-laws and acts of the Municipality of Chatham-Kent and that any approvals granted by this application will be carried out in accordance with the municipal requirements.

_____ _____
(Owner's Signature) (Date)

Chatham-Kent
Cultivating Growth, Shore to Shore
Building Development Services
315 King Street West
P.O. Box 640 Chatham, Ontario N7M5K8
Tel: (519) 360-1998 Fax: (519) 436-3215

☐ **Lot within Plan of Subdivision** ☐ **Existing In-fill Lot**

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: _____
(Name of municipality, upper-tier municipality, board of health or conservation authority)

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

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☐ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building
Description of proposed work	

C. Applicant

Applicant is: ☐ Owner or ☐ 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 *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☐ No
ii. Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ Yes	☐ 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).	☐ Yes	☐ No
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, I992*, to be paid when the application is made.	☐ Yes	☐ 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.*	☐ Yes	☐ 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.	☐ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☐ Yes	☐ 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.

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. of

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. 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 3.2.4.of Division C, 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 and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, 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: _____

I certify that:

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 practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")			
Name			BCIN
Street address			Unit number / Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number

D. Qualified supervisor information (where answer to section B is "Yes")	
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)

E. Declaration of Applicant:

I_____declare that: (print name)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

1. The information contained in this schedule 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

Energy Efficiency Design Summary: Prescriptive Method

(Building Code Part 9, Residential)

Chatham-Kent
Cultivating Growth, Shore to Shore

This form is used by a designer to demonstrate that the energy efficiency design of a house complies with the building code using the prescriptive method described in Subsection 3.1.1. of SB-12. This form is applicable where the ratio of gross area of windows/sidelights/skylights/glazing in doors and sliding glass doors to the gross area of peripheral walls is not more than 22%.

For use by Principal Authority	
Application No:	Model/Certification Number

A. Project Information

Building number, street name		Unit number	Lot/Con
Municipality	Postal code	Reg. Plan number / other description	

B. Prescriptive Compliance [indicate the building code compliance package being employed in this house design]

SB-12 Prescriptive (input design package): Package: _____ Table:_____

C. Project Design Conditions

Climatic Zone (SB-1):	Heating Equipment Efficiency	Space Heating Fuel Source		
☐ Zone 1 (< 5000 degree days)	☐ ≥ 92% AFUE	☐ Gas	☐ Propane	☐ Solid Fuel
☐ Zone 2 (≥ 5000 degree days)	☐ ≥ 84% < 92% AFUE	☐ Oil	☐ Electric	☐ Earth Energy

Ratio of Windows, Skylights & Glass (W, S & G) to Wall Area		Other Building Characteristics
Area of walls = _____ m^2 **or** _____ $ft.^2$	W, S & G % = _____	☐ Log/Post&Beam ☐ ICF Above Grade ☐ ICF Basement ☐ Slab-on-ground ☐ Walkout Basement ☐ Air Conditioning ☐ Combo Unit ☐ Air Sourced Heat Pump (ASHP) ☐ Ground Sourced Heat Pump (GSHP)
Area of W, S & G = _____ m^2 **or** _____ $ft.^2$	Utilize window averaging: ☐ Yes ☐ No	

D. Building Specifications [provide values and ratings of the energy efficiency components proposed]

Energy Efficiency Substitutions

☐ ICF (3.1.1.2.(5) & (6) / 3.1.1.3.(5) & (6))

☐ Combined space heating and domestic water heating systems (3.1.1.2.(7) / 3.1.1.3.(7))

☐ Airtightness substitution(s)		
Airtightness test required (Refer to Design Guide Attached)	☐ Table 3.1.1.4.B Required:_____	Permitted Substitution:_____
	☐ Table 3.1.1.4.C Required:_____	Permitted Substitution:_____
	Required:_____	Permitted Substitution:_____

Building Component	Minimum RSI / R values or Maximum U-Value(1)		Building Component	Efficiency Ratings
Thermal Insulation	Nominal	Effective	**Windows & Doors** Provide U-Value(1) or ER rating	
Ceiling with Attic Space			Windows/Sliding Glass Doors	
Ceiling without Attic Space			Skylights/Glazed Roofs	
Exposed Floor			**Mechanicals**	
Walls Above Grade			Heating Equip.(AFUE)	
Basement Walls			HRV Efficiency (SRE% at 0^o C)	
Slab (all >600mm below grade)			DHW Heater (EF)	
Slab (edge only ≤600mm below grade)			DWHR (CSA B55.1 (min. 42% efficiency))	# Showers___
Slab (all ≤600mm below grade, or heated)			Combined Heating System	

(1) U value to be provided in either W/ (m^2●K) or Btu/ (h●ft^2●F) but not both.

E. Designer(s) [name(s) & BCIN(s), if applicable, of person(s) providing information herein to substantiate that design meets the building code]

Qualified Designer Declaration of designer to have reviewed and take responsibility for the design work.		
Name	BCIN	Signature

Guide to the Prescriptive Energy Efficiency Design Summary Form

This form must accurately reflect the information contained on the drawings and specifications being submitted. Refer to Supplementary Standard SB-12 for details about building code compliance requirements. Further information about energy efficiency requirements for new buildings is available from the provincial building code website or the municipal building department.

The building code permits a house designer to use one of four energy efficiency compliance options:

1. Comply with the *SB-12 Prescriptive* design tables (this form is for this option (Option 1)),
2. Use the *SB-12 Performance* compliance method, and model the design against the prescriptive standards,
3. Design to *Energy Star, or*
4. Design to *R2000* standards.

COMPLETING THE FORM

B. Compliance Options

Indicate the compliance option being used.

- *SB-12 Prescriptive* requires that the building conforms to a package of thermal insulation, window and mechanical system efficiency requirements set out in Subsection 3.1.1. of SB-12. Energy efficiency design modeling and testing of the building is not required under this option. Certain substitutions are permitted. In which case, the applicable airtightness targets in Table 3.1.1.4.A must be met.

C. Project Design Conditions

Climatic Zone: The number of degree days for Ontario cities is contained in Supplementary Standard SB-1
Windows, Skylights and Glass Doors: If the ratio of the total gross area of windows, sidelights, skylights, glazing in doors and sliding glass doors to the total gross area of walls is more than 17%, higher efficiency glazing is required. If the ratio is more than 22%, the *SB-12 Prescriptive* option may not be used. The total area is the sum of all the structural rough openings. Some exceptions apply. Refer to 3.1.1.1. of SB-12 for further details.
Fuel Source and Heating Equipment Efficiency: The fuel source and efficiency of the proposed heating equipment must be specified in order to determine which *SB-12 Prescriptive* compliance package table applies.
Other Building Conditions: These construction conditions affect *SB-12 Prescriptive* compliance requirements.

D. Building Specifications

Thermal Insulation: Indicate the RSI or R-value being proposed where they apply to the house design. Under the *SB-12 Prescriptive* option, alternative ICF wall insulation is permitted in certain conditions where other design elements meet higher standards. Refer to SB-12 for further details. Where effective insulation values are being used, the Authority Having Jurisdiction may require supporting documentation.

BUILDING CODE REQUIREMENTS FOR AIRTIGHTNESS IN NEW HOUSES

All houses must comply with increased air barrier requirements in the building code. Notice of air barrier completion must be provided and an inspection conducted prior to it being covered.

The air leakage rates in Table 3.1.1.4.A are not requirements. This provision is a voluntary provision for when credits for airtightness are claimed. Credit for air tightness allows the designer to substitute the requirements of compliance packages as set out in Table 3.1.1.4.B or 3.1.1.4.C. Neither the air leakage test nor compliance with airtightness targets given in Table 3.1.1.4.A are required, unless credit for airtightness is claimed. Table 3.1.1.4.A provides airtightness targets in three different metrics; ACH, NLA, NLR. Any one of them can be used.

OBC Reference Default Air Leakage Rates (Table 3.1.1.4.A)

Building Type	Airtightness Targets				
	ACH @ 50 Pa	NLA @ 10 Pa		NLR @ 50 Pa	
Detached dwelling	2.5	1.26 cm^2/m^2	1.81 $in^2/100ft^2$	0.93 $L/s/m^2$	0.18 $cfm50/ft^2$
Attached dwelling	3.0	2.12 cm^2/m^2	3.06 $in^2/100ft^2$	1.32 $L/s/m^2$	0.26 $cfm50/ft^2$

The building code requires that a blower door test be conducted to verify the air tightness of the house during construction if the *SB-12 Prescriptive* option with airtightness credit being applied. Results of the airtightness test may need to be submitted to the Authority Having Jurisdiction. Airtightness of less than 2.5 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of detached houses, or 3.0 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of attached houses is necessary to meet the required energy efficiency standard.

E. House Designer

The building code requires designers providing information about whether a building complies with the building code to have a BCIN. Exemptions apply to architects, engineers and owners designing their own house.

Form authorized by OHBA, OBOA, LMCBO. Revised November 30, 2016.

RESET

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

for design and performance of residential ventilation systems to OBC 2012 - 9.32

1. Location

Municipality: ______

Civic Address: ______

2. Builder

Name: ______

Address: ______

City: ______ Postal Code: ______

Ph: ______ Fax: ______

3. Designer

Name: ______

Address: ______

City: ______ Postal Code: ______

Ph: ______ Fax: ______

Designer BCIN: ______ HRAI #: ______

Firm BCIN: ______

E-mail: ______

4. Heating Systems

☐ Forced Air ☐ Non-Forced Air

☐ Gas ☐ Propane ☐ Other

☐ Oil ☐ Electricity

5. House Style

☐ One Dwelling Unit ☐ House with Two Dwelling Units

Ventilation System: ☐ Shared ☐ Dedicated

6. Combustion Appliances

☐ a) Direct Vent ☐ b) Induced Draft

☐ c) Natural Draft ☐ d) Solid Fuel Appliances

☐ e) No Combustion Appliances

7. Type of House

☐ Type 1: a) or b) type appliances only

☐ Type 2: a) or b) type appliances with a d) type appliance

☐ Type 3: any type c) appliance = part 6 design

☐ Type 4: electric space heat (same as Type 1)

8. System Design Option

☐ Exhaust only forced air system (coupled to forced air)

☐ HRV/ERV with extended exhaust or simplified (coupled to forced air)

☐ HRV/ERV full ducting (not coupled to forced air)

9. Total Ventilation Capacity (TVC)

Bsmt & Master Bedroom	______	@ 20 CFM (10 L/s)	______	CFM
Other Bedrooms	______	@ 10 CFM (5 L/s)	______	CFM
Bathrooms & Kitchen	______	@ 10 CFM (5 L/s)	______	CFM
Other Habitable Rooms	______	@ 10 CFM (5 L/s)	______	CFM
		Total Ventilation Capacity (TVC)	______	CFM

10. TVC System

☐ HRV/ERV ☐ Central Exhaust ☐ Multiple Fans

11. Principal Ventilation Capacity (PVC)

Master Bedroom	______	@ 30 CFM (15 L/s)	______	CFM
Other Bedrooms	______	@ 15 CFM (7.5 L/s)	______	CFM
		Total Principal Ventilation Capacity (PVC)	______	CFM

12. Principal Ventilation Fan

Location: ______

Manufacturer: ______

Model: ______ ☐ HVI Rated

Rated Airflow: Low: ______ CFM High: ______ CFM

Sones: ______ E.S.P: ______ " w.c.

______ % Sensible Efficiency @ 0 C° ______ CFM

______ % Sensible Efficiency @ -25 C° ______ CFM

(If HRV/ERV was used, the system must also comply with SB-12)

13. Supplemental Exhaust Fan Capacity (SEF)

Required Total Ventilation Capacity	______	CFM
Rated Principal Ventilation Capacity	______	CFM
Required Supplemental Ventilation Capacity	______	CFM

14. Additional Equipment

Location: ______ Sones: ______

Manufacturer: ______ ☐ HVI Rated

Model: ______ ☐ TVC

Rated Airflow: ______ CFM ESP: ______ " w.c.

Location: ______ Sones: ______

Manufacturer: ______ ☐ HVI Rated

Model: ______ ☐ TVC

Rated Airflow: ______ CFM ESP: ______ " w.c.

Location: ______ Sones: ______

Manufacturer: ______ ☐ HVI Rated

Model: ______ ☐ TVC

Rated Airflow: ______ CFM ESP: ______ " w.c.

Location: ______ Sones: ______

Manufacturer: ______ ☐ HVI Rated

Model: ______ ☐ TVC

Rated Airflow: ______ CFM ESP: ______ " w.c.

15. Designer Consent

I ______ certify this ventilation system is designed to be in accordance with OBC-2012 9.32

Date: ______ Signature: ______

Conversion note: 1 L/s = 2 CFM (For hard conversion, use 1 L/s = 2.118 CFM)