

**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.
  - **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.
  - 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, be	eing the registere	ed property	owner of the
above noted property, hereby autho	orizes(Ag	ents Name)	, to
make application for a building peri	mit on my behalf.	It is unders	stood that we wil
abide by all by-laws and acts of th	ne Municipality of	Chatham-Ke	ent and that any
approvals granted by this application	on will be carried	out in accor	dance with the
municipal requirements.			
(Owner's Signature)	<del></del>	([	Date)



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
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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							
•			Permit number (if different):				
Date received: Roll nu			mber:				
Application submitted to:  (Name of municipality)	/, upper-tier mu	nicipality,	board of health c	or conse	rvation authority)	ı	
A. Project information							
Building number, street name					Unit number		Lot/con
Municipality Postal code Plan numb			Plan number/or	ther des	cription		
Project value est. \$			Area of work (n	n <sup>2</sup> )			
B. Purpose of application							
New construction Addition t existing b		☐ Altera	ation/repair		Demolition		Conditional Permit
Proposed use of building	Curr	ent 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)					1		
Last name First name Corporation or partnership							
Street address	<b>.</b>		<b>.</b>		Unit number		Lot/con.
Municipality	Postal code		Province		E-mail	•	
Telephone number	Fax				Cell number		

E. Builder (optional)						
Last name	First name	Corporation or partnersh	hip (if app	olicable)		
					T	
Street address			Unit nur	mber	Lot/con.	
Municipality	Postal code	Province	E-mail			
Willinopanty	1 Ostal Code	1 TOVINCE	L-IIIali			
Telephone number	Fax		Cell nur	mber		
F. Tarion Warranty Corporation (Ontario		· · ·				
<ul> <li>i. Is proposed construction for a new hor Plan Act? If no, go to section G.</li> </ul>	me as defined in the Onto	ario New Home Warranties	S	□ Y	es 🗖	No
ii. Is registration required under the Onta	rio New Home Warrantie	es Plan Act?		☐ Y	es 🖵	No
iii. If yes to (ii) provide registration numbe	r(s):		-			
G. Required Schedules						
i) Attach Schedule 1 for each individual who rev	iews and takes responsil	oility for design activities.				
ii) Attach Schedule 2 where application is to con	struct on-site, install or re	epaira 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).						
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.					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> .				No		
iii) This application is accompanied by the information and documents prescribed by the applicable bylaw, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act</i> , 1992 which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.					No	
iv) The proposed building, construction or demolition will not contravene any applicable law.			No			
I. Declaration of applicant						
Ideclare that:						
(print name)						
<ol> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>						
Date	Signature o	f 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 desc	ription			
B. Individual who reviews and takes	responsibilit	v for design activities				
Name		Firm				
Street address			Unit no.	Lot/con.		
Municipality	Postal code	Province	E-mail			
Widtholpality	Fosial code	Flovince	L-IIIaii			
Telephone Number	Fax number		Cell number			
relephone Number	rax number		Cell Hullibel			
C Decima estivities un dentalem les in	-1:-:-1:1:-11	tifical in Continu D. [Duile	lin n Oada Tabla 2	F 0.4 -4		
C. Design activities undertaken by in	dividual ideni	tifled in Section B. [Build	ling Code Table 3	.5.2.1. Of		
House	☐ HVAC -	- House	☐ Building Stru	ctural		
Small Buildings		Services	☐ Plumbing – F			
Large Buildings		on, Lighting and Power	☐ Plumbing – A			
☐ Complex Buildings	☐ Fire Pro		☐ On-site Sewa	age Systems		
Description of designer's work						
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D. Declaration of Designer						
3						
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 reg I certify that:	istration and qualit	fication:				
The information contained in this sched	ule is true to the h	est of my knowledge.				
I have submitted this application with the knowledge and consent of the firm.						
		Signature of Doo	ionar			

#### 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 des	scription		
B. Sewage system installer					
Is the installer of the sewage system enga				ervicing, 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	n (where answ	er 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	on (where ansv	wer to section B is "Yes"	")		
Name of qualified supervisor(s)  Building Code Identification Number (BCIN)			)		
E. Declaration of Applicant:					
Ideclare 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 isknown;					
<u>OR</u>					
☐ 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					

	ENTILATION DESIGN SUMMARY tial ventilation systems to OBC 2024 - 9.32
1 Location Municipality:	9. Principal Ventilation Fan
Civic Address:	HRV/ERV Central Inline Fan Bathroom Fan
2. Builder Name:	Location:
Address:	Manufacturer:
City: Postal Code:	Model: HVI Rated
Ph: Fax:	Design Airflow: Low: CFM High: CFM
3. Designer Name:	Sones: ESP: " w.c.
Address:	
City: Postal Code:	% Sensible Efficiency @ 0 ºC @ CFM
Ph: Fax: HRAI #:	% Sensible Efficiency @ -25 °C @ CFM
E-mail:	(If HRV/ERV is used, the system must also comply with SB-12)  10. Other Ventilation Fans
4. Combustion Appliances	Location: Sones:
a) Direct Vent b) Induced Draft	Manufacturer:
c) Natural Draft d) Solid Fuel Appliances	Model: HVI Rated
e) No Combustion Appliances CO Alarm Required	Design Airflow:CFM ESP:"w.c.
5. Heating System	Supplemental Fan Supply Fan for Principal Exhaust
Forced Air Non-Forced Air	Circulation Fan Make-up Air Fan for
Gas Propane Other	Location: Sones:
Oil Electricity	Manufacturer:
6. Distribution System	Model: HVI Rated
Furnace Inline fan HRV/ERV	Design Airflow: CFM ESP: "w.c.
7. Principal Ventilation System Design Option	Supplemental Fan Supply Fan for Principal Exhaust
Exhaust only forced air distribution system	Circulation Fan Make-up Air Fan for
(Circ. fan at least 5 times the capacity of the principal exhaust)	Location: Sones:
Balanced no heat recovery	Manufacturer:
HRV/ERV with extended exhaust	Model: HVI Rated
HRV/ERV with simplified exhaust	Design Airflow: CFM ESP: "w.c.
HRV/ERV with full ducting/not coupled to forced air	Supplemental Fan Supply Fan for Principal Exhaust
HRV/ERV with no supplemental fans	Circulation Fan Make-up Air Fan for
(High speed must be at least 2.5 times the principal exhaust)	Location: Sones:
Supplemental fans	Manufacturer:
8. Principal Ventilation Capacity (PVC)	Model: HVI Rated
# of Bedrooms: Required Exh Airflow: CFM	Design Airflow: CFM ESP: "w.c.
Supply Air Required: Yes No	Supplemental Fan Supply Fan for Principal Exhaust
Mixed Air Temperature Calculation Required:	Circulation Fan Make-up Air Fan for
Yes No	11. Designer Consent
For a System coupled with a Forced Air Furnace:	Icertify this ventilation
Furnace Blower Rate:CFM	system is designed to be in accordance with OBC-20 $24$ 9.32
Max Allowable Outdoor Airflow as per NBC 9.32.3.4.(2):	
CFM	Date:Signature:

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

Note: Secondary suite ventilation system requires a separate design

