

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

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)



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			
<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	

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			
<input type="checkbox"/> House <input type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings	<input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection	<input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p><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.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Firm BCIN: _____</p> <p><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.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="margin-left: 40px;">Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <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. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Date </div> <div style="width: 45%; text-align: center;"> _____ Signature of Designer </div> </div>			

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?				
<input type="checkbox"/> Yes (Continue to Section C) <input type="checkbox"/> No (Continue to Section E) <input type="checkbox"/> 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:				
<p>I _____ declare that: (print name)</p> <p><input type="checkbox"/> 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;</p> <p><u>OR</u></p> <p><input type="checkbox"/> 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.</p> <p>I certify that:</p> <ol style="list-style-type: none"> 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. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;"> _____ Date </div> <div style="width: 60%; text-align: center;"> _____ Signature of applicant </div> </div>				

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

for design and performance of residential ventilation systems to OBC 2024 - 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: _____
	HRAI #: _____
	E-mail: _____

4. Combustion Appliances	
a) Direct Vent	b) Induced Draft
c) Natural Draft	d) Solid Fuel Appliances
e) No Combustion Appliances	CO Alarm Required

5. Heating System		
Forced Air	Non-Forced Air	
Gas	Propane	Other
Oil	Electricity	

6. Distribution System		
Furnace	Inline fan	HRV/ERV

7. Principal Ventilation System Design Option
Exhaust only forced air distribution system (Circ. fan at least 5 times the capacity of the principal exhaust)
Balanced no heat recovery
HRV/ERV with extended exhaust
HRV/ERV with simplified exhaust
HRV/ERV with full ducting/not coupled to forced air
HRV/ERV with no supplemental fans (High speed must be at least 2.5 times the principal exhaust)
Supplemental fans

8. Principal Ventilation Capacity (PVC)
of Bedrooms: _____ Required Exh Airflow: _____ CFM
Supply Air Required: Yes No
Mixed Air Temperature Calculation Required: Yes No
For a System coupled with a Forced Air Furnace:
Furnace Blower Rate: _____ CFM
Max Allowable Outdoor Airflow as per NBC 9.32.3.4.(2): _____ CFM

9. Principal Ventilation Fan
HRV/ERV Central Inline Fan Bathroom Fan
Location: _____
Manufacturer: _____
Model: _____ HVI Rated
Design Airflow: Low: _____ CFM High: _____ CFM
Sones: _____ ESP: _____ "w.c.
_____ % Sensible Efficiency @ 0 °C @ _____ CFM
_____ % Sensible Efficiency @ -25 °C @ _____ CFM
(If HRV/ERV is used, the system must also comply with SB-12)

10. Other Ventilation Fans
Location: _____ Sones: _____
Manufacturer: _____
Model: _____ HVI Rated
Design Airflow: _____ CFM ESP: _____ "w.c.
Supplemental Fan Supply Fan for Principal Exhaust
Circulation Fan Make-up Air Fan for _____

Location: _____ Sones: _____
Manufacturer: _____
Model: _____ HVI Rated
Design Airflow: _____ CFM ESP: _____ "w.c.
Supplemental Fan Supply Fan for Principal Exhaust
Circulation Fan Make-up Air Fan for _____

Location: _____ Sones: _____
Manufacturer: _____
Model: _____ HVI Rated
Design Airflow: _____ CFM ESP: _____ "w.c.
Supplemental Fan Supply Fan for Principal Exhaust
Circulation Fan Make-up Air Fan for _____

Location: _____ Sones: _____
Manufacturer: _____
Model: _____ HVI Rated
Design Airflow: _____ CFM ESP: _____ "w.c.
Supplemental Fan Supply Fan for Principal Exhaust
Circulation Fan Make-up Air Fan for _____

11. Designer Consent
I _____ certify this ventilation system is designed to be in accordance with OBC-2024 9.32
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

