



Township of Leeds Thousand Islands Planning and Building Department

This Building Permit Application package has been developed for reference and to assist with the completion of a Building Permit. The Township assumes no responsibility for errors, omissions or changes to the information provided in this package. If you have any questions, please contact the Township Planning and Building Department at 1-800-313-6444 or 613-928-2423 or lyndhurst@townshipleeds.on.ca.

A Building Permit is required to be obtained under the Ontario Building Code to ensure that all development is constructed in a safe and sound manner. It is illegal to start work without a permit. Anyone who starts work without a building permit is in contravention of a municipal by-law and the Ontario Building Code Act, and would be subject to financial and legal consequences.

Applicants are required to submit a separate application for each building to be constructed or demolished. If you are not sure if a building permit is required, check with the Building Department prior to commencement of construction.

THERE ARE SERIOUS FINANCIAL AND LEGAL CONSEQUENCES TO BUILDING WITHOUT A PERMIT. It is the responsibility of the owner and the builder to obtain the building permit or demolition permit before work commences.

There are many circumstances where a building permit is required . . . check with the building department to be sure.

A building permit is not required for a detached accessory building that is 10 square meters (108 square feet) in area or less. Even a tree house would require a **building permit**, if over 10 sq. metres. **Zoning By-laws** must be adhered to whether or not a building permit is required. All structures fall under the Zoning By-law. Please check the minimum setbacks for these types of projects before you start.

The applicant must be the owner of a building or property or, a person authorized in writing by the owner to apply for a permit on the owner's behalf, this is the same for any application.

A \$75.00 administration fee applies to building permits when they are submitted. When the permit is issued we deduct the \$75.00 fee from the permit fee. This administration fee is non-refundable. The demolition permit fee is \$50.00 which is due at the time the application is submitted, there are no additional fees for demolition projects.

All building permits are subject to a refundable deposit. Projects under \$50,000.00 require a deposit of \$100.00 and projects over \$50,000 require a deposit of \$500.00. This deposit will be refunded once the project has been finalized. If an inspection is called for and the site is not ready for the inspection or if the inspector does not have access to the site then \$100.00 will be subtracted from your deposit for each occurrence.

In recent years the building permit process has become more stringent, Ontario Regulation Bill 124 placed new requirements on municipalities and designers. Contractors and Owner/Builders are required to provide more thorough information to obtain a building permit. Also, an updated Ontario Building Code came into effect January 2007 with over 2000 changes. Please do not hesitate to contact us if you require any assistance or have any questions or concerns.

PLEASE CHECK OUR WEB SITE FOR OTHER BUILDING INFORMATION OR FORMS
www.townshipleeds.on.ca

Julie Salter-Keane B.A. Hons., AMCT
Director Planning & Development

Ashley Henderson
Chief Building Official
BCIN 33421

Building Application Check in List

Please refer to this checklist for guidance when filling in application to avoid delays

APPLICATION # _____

OWNER NAME: _____

PROJECT ADDRESS: _____

DATE REC'D: _____ ROLL #: _____

PROJECT INFO _____

PAGE 3 - A, B, C, D, E completed & F when NEW DWELLING Y N - APPLICANT TO PROVIDE OR RETURN APPLICATION

PAGE 4 - Owner signed or Agent (with signed form provided) Y N - APPLICANT TO PROVIDE OR RETURN APPLICATION

PAGE 5 - Schedule 1 completed – non-construction exempt Y N - APPLICANT TO PROVIDE OR RETURN APPLICATION

PAGE 6 - Construction details not provided for in plans Y N - APPLICANT TO PROVIDE OR RETURN APPLICATION

Design plans information – #3 ICF, 5, 6, 7 Radiant, 12, 14 Y N - APPLICANT TO PROVIDE OR RETURN APPLICATION

PAGE 7 – Property lot plan information or alternate Y N - APPLICANT TO PROVIDE OR RETURN APPLICATION

PAGE 8 – White space information provided Y N - APPLICANT TO PROVIDE OR RETURN APPLICATION

Project Value & Area of Work information provided Y N - APPLICANT TO PROVIDE OR RETURN APPLICATION

Septic Permit - new dwelling, plumbing fixtures, bedrooms Y N - APPLICANT TO PROVIDE OR RETURN APPLICATION

CRCA Permit - construction within 50 metres of water edge Y N - APPLICANT TO PROVIDE OR RETURN APPLICATION

PROPERTY BEING SEVERED _____ Y N - IF YES NEED COPY OF DEED

SEVERANCE COMPLETE _____ Y N - IF NO RETURN APPLICATION

MINOR VARIANCE COMPLETE _____ Y N - IF NO RETURN APPLICATION

FEES
Administration Fee of \$75.00 Y N - IF NO RETURN APPLICATION

Date Returned _____ Date Re-submitted _____

NOTES: _____

Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A. (2).

For use by Principal Authority

Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: **TOWNSHIP OF LEEDS AND THOUSAND ISLANDS**

A. Project information			
Building number, street name	Unit number	Lot/con.	
Town/Village/Hamlet	Postal code	Plan number/other description	
B. Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner (Signed Agent Form Required)			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
City/Town/Village	Postal/Zip code	Province/State	E-mail
Telephone number ()	Fax ()	Cell number ()	
C. Owner (if different from applicant)			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
City/Town/Village	Postal/Zip code	Province/State	E-mail
Telephone number ()	Fax ()	Cell number ()	
D. Builder is: <input type="checkbox"/> Owner or complete below.			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
City/Town/Village	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
E. Purpose of application – fill in block 1. - 2. or 3. where indicated			
<input type="checkbox"/> New Dwelling <input type="checkbox"/> Addition to a Building ▶ 1 - 2 - 3 <input type="checkbox"/> Deck <input type="checkbox"/> Demolition ▶ 3 <input type="checkbox"/> Indoor Solid Fuel Device <input type="checkbox"/> Garage <input type="checkbox"/> Accessory Building ▶ 1 <input type="checkbox"/> Pool <input type="checkbox"/> Plumbing ▶ 1 - 2 - 3 <input type="checkbox"/> Outdoor Solid Fuel Device <input type="checkbox"/> Repairs ▶ 3 <input type="checkbox"/> Renovation ▶ 1 - 2 - 3 <input type="checkbox"/> Pool & Deck <input type="checkbox"/> Mechanical ▶ 3 <input type="checkbox"/> Conditional Permit			
1. Proposed use of Building		2. Current use of Building	
3. Brief description of proposed work			

F. Tarion Warranty Corporation (Ontario New Home Warranty Program) (Declaration form must be provided)

- 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 See iii. No
- iii. Provide registration number(s): _____

G. Attachments (THIS FORM MUST BE FILLED OUT)

- i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3. (Rezoning/Minor Variance etc.)
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities. (Includes owner designed)
- iii. Attach SEPTIC APPROVAL from Leeds Grenville Health Unit or MOE as required
- iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health, conservation authority, MNR, DFO, etc. to which this application is made.

H. 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. I have authority to bind the corporation or partnership (if applicable).

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.

IMPORTANT INFORMATION

Ministry of Labour "*Notification of Project Form*" must accompany this application if VALUE as determined is over \$50,000.00
NEW DWELLING UNIT must be accompanied by the TARION new home warranty form

MOL AND TARION FORMS AVAILABLE AT TOWNSHIP OFFICE

*** * * PLEASE READ THIS APPLICATION CAREFULLY * * ***

DO NOT SKIP FORMS THAT MUST BE FILLED OUT

PROVIDE ALL OF THE REQUIRED INFORMATION TO AVOID HAVING APPLICATION RETURNED

YOU MUST ADVISE US OF THE EXACT DATE CONSTRUCTION STARTS AND IT MUST BEGIN WITHIN 6 MONTHS OF PERMIT APPROVAL DATE TO AVOID HAVING PERMIT REVOKED AND FEES FORFITED

BUILDING PLANS AND DOCUMENTS

- REQUIRE 2 sets of building plans if size over 11" x 17"
- REQUIRE 1 set of building plans if less than 11" x 17" and Drawn by Owner
- REQUIRE plans to be properly identified in a title block, signed and dated
- REQUIRE the following declaration on all documents submitted:

"I HAVE REVIEWED AND TAKE RESPONSIBILITY FOR THE DESIGN ACTIVITIES IN THESE PLANS and THIS DOCUMENT CONTAINS - # OF PAGES" - Print name, date and sign.

- ALL STRUCTURAL CHANGES SHALL BE APPROVED BY THE CHIEF BUILDING OFFICIAL BEFORE CONSTRUCTION COMMENCES
- MINOR CHANGES SHALL BE SENT TO THE BUILDING OFFICE WITH PERMIT # TO BE INCLUDED IN PROJECT FILE

Schedule 1: Designer Information

(THIS FORM MUST BE FILLED OUT)

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

I. Project Information (NOTE: Sections BELOW must be filled out or application will be returned)

Building number, street name		Unit no.	Lot/con.
City/Town	Postal code	Plan number/ other description	

J. Individual who reviews and takes responsibility for design activities – this includes OWNER drawn plans

Name		Firm	
Street address		Unit no.	Lot/con.
City/Town	Postal code	Province	E-mail
Telephone number ()	Fax number ()	Cell number ()	

K. Design activities undertaken by individual identified in Section B. – Check off which design activities

<input type="checkbox"/> House	<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Structural
<input type="checkbox"/> Plumbing - House	<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Building Services
<input type="checkbox"/> HVAC - House	<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Plumbing – All Buildings
<input type="checkbox"/> Detection, Lighting & Power	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-Site Sewage

1. Description of designer's work _____

Note: All documents submitted to meet O.B.C. 2.17.4.7.(1)(f)(i)(ii)(iii) Registration and 2.17.5.1.(1)(c)(i)(ii)(iii) Qualification

L. Declaration of Designer (NOTE: One option must be chosen from this group)

I _____ declare that (choose one as appropriate):
(print name)

1. I review and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories indicated in Section C.

Individual BCIN: _____
Firm BCIN: _____

2. I review and take responsibility for the design work and am qualified in the appropriate category indicated in Section C as an "other designer" under subsection 2.17.5. of the Building Code.

Individual BCIN: _____

Basis for exemption from registration Tarion REGISTERED - 2.17.4.1.(3)(a); farm building < 600m² - 2.17.4.1.(3)(c);

extension/repair of dwelling unit less than 2units and not located above another dwelling unit - 2.17.4.1.(3)(d); Signs other than described

3.14.3.2.(1)(a)(b) enter 2.17.4.3.(3)(g)

3. The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: property owner submits design - 2.17.5.(2) (b) farm building < 600m² 2.17.5.(2) (c); tents described in 3.13.1.2.(2) - 2.17.5.(2)(e); Signs other than described in

3.14.3.2.(1)(a)(b) - 2.17.5.(2)(f).

I certify that:

- The information contained in this schedule is true to the best of my knowledge.
- I have authority to bind the corporation or partnership (if applicable).



_____ Date

_____ Signature of Designer

TOWNSHIP OF LEEDS AND THOUSAND ISLANDS

CONSTRUCTION DETAILS – MUST BE FILLED OUT AS APPLICABLE

APPLICATION WILL BE RETURNED IF INSUFFICIENT INFORMATION PROVIDED

- 1. **SOIL TYPE** - Rock – Type _____ Clay Loam Mixed Unknown Other _____
NOTE: Mixed, Unknown or Other a sub-soil investigation may be required and OBC Part 4 design
- 2. **CONSTRUCTION TYPE** Wood Frame Masonry ICF Steel Pre-engineered SIPS
 Other (*specify*) _____
- 3. **FOUNDATION TYPE:** Poured Block ICF – Type: _____ include copy of installer card and plans
 PT Wood Other: _____ **Fdn. Width:** _____
- 4. **FOOTING SIZE** - Strip _____ X _____ Jack Post Pad _____ X _____ Columns Pad _____ X _____
- 5. **FLOOR** - Joist Size _____ X _____ or if P.Eng Joist Plans Attached or Pending
- 6. **ROOF** – Rafter Size _____ X _____ or if P.Eng Truss Plans Attached or Pending
- 7. **HEATING SOURCE** Forced Air Radiant BBE 8. **FUEL** Oil Propane Electric Solid Fuel
- 9. **SOLID FUEL DEVICE** Stove Fireplace Insert Furnace **FUEL TYPE** Wood Pellet Corn
- 10. **SOLID FUEL DEVICE** Certification Agency _____ or Uncertified
- 11. **CHIMNEY** is Existing New and is Factory Built – Type # _____ or Masonry
- 12. **VENTILATION** – HVAC/HRV/HEAT LOSS Design Plans Attached or Pending or Not Required – Why ?
- 13. **INSULATION** - Basement R- _____ Walls R- _____ Roof R- _____ Floor R- _____
- 14. **PLUMBING:** Plumbing Design & Schedule 1 attached or Plumber will provide test certificate and licence #
- 15. **SEPTIC APPROVAL REQUIRED** Y N 15a. If YES has health approval been obtained Y N – Why?
- 16. **WATER** - Well Municipal Other _____ 16a. **NEW BEDROOMS** – How Many _____
- 17. **PROPERTY ACCESS** - Twp. Road County Road Highway Private Lane Water Access
- 18. **ENTRANCE APPROVAL REQUIRED** Y N If YES is permit attached Y N – Why?

DECKS & PORCHES

Dimensions of Proposed Deck or Porch:

Width: _____

Length: _____

Area: _____

Height from ground: _____

Joist: _____ x _____ Beam: _____ x _____

Rim Joist: _____ x _____ GUARDS to OBC SS 7 P'Eng



Joist & Truss type **HANGERS** - you must use *approved* fasteners (nails)
Pressure Treated lumber - you must use *approved* screws and nails

BUILDERS NOTES TO CBO: _____

TOWNSHIP OF LEEDS AND THOUSAND ISLANDS BUILDING PERMIT APPLICATION

PROJECT SITE SKETCH MUST BE FILLED OUT FOR ALL EXTERIOR PROJECTS

INCLUDE ON SITE SKETCH FOR EXISTING AND PROPOSED STRUCTURES ALL ITEMS BELOW (AS APPROPRIATE)

- ALL Lot lines Dimensions & Area of ALL structures on property including ▶ Decks ▶ Sheds ▶ Gazebos ▶ Pools ▶ etc.
 Include their ▶ Length ▶ Width ▶ Area ▶ Height to Peak* WE NEED LOCATION ▶ Wells ▶ Septic Tank ▶ Tile Bed
▶ Hydro Lines ▶ Water Bodies and Names ▶ North Direction

HEIGHT – is the lowest grade to the peak.

New construction to be a minimum of 5 ft from septic tank, 17 ft from tile bed, 16 ft from hydro lines

Address of Project

Owners Name

Roll #

TOWNSHIP OF LEEDS AND THOUSAND ISLANDS BUILDING

BUILDING PERMIT

APPLICATION #		BUILDING PERMIT #	
<input type="checkbox"/> CIVIC ADDRESS OF PROJECT:			
<input type="checkbox"/> OWNER		<input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> ZONING	<input type="checkbox"/> MNV	<input type="checkbox"/> REZONING #	<input type="checkbox"/> CRCA #
<input type="checkbox"/> BLDG HEIGHT M	<input type="checkbox"/> SEPTIC	<input type="checkbox"/> MNR #	<input type="checkbox"/> MOE #

Has this property been designated under *The Ontario Heritage Act*? Y N ▶ ▶ Initials: _____
 Is there a barn located within 300m of the property? Y N ▶ ▶ Initials: _____

BUILDING DEPARTMENT TO BE ADVISED WHEN ACTUAL CONSTRUCTION BEGINS
 CONSTRUCTION MUST BEGIN WITHIN 6 MONTHS OF PERMIT BEING ISSUED OR PERMIT WILL BE REVOKED

<input type="checkbox"/> Start Date:	<input type="checkbox"/> Finish Date:
--------------------------------------	---------------------------------------

FILL IN ALL APPLICABLE WHITE SPACES ON FORM	ROLL No. 0812-
DIMENSIONS	OFFICE USE ONLY
<input type="checkbox"/> 1 ST Floor	Area sq. ft. X \$ = \$
<input type="checkbox"/> 2 ND Floor	Area sq. ft. X \$ = \$
<input type="checkbox"/> 3 RD Floor or Other:	Area sq. ft. X \$ = \$
<input type="checkbox"/> Open Deck	Area sq. ft. X \$ = \$
<input type="checkbox"/> Covered Deck	Area sq. ft. X \$ = \$
<input type="checkbox"/> Enclosed Porch/verandah	Area sq. ft. X \$ = \$
<input type="checkbox"/> Attached Garage	Area sq. ft. X \$ = \$
<input type="checkbox"/> Detached Garage/Accessory	Area sq. ft. X \$ = \$
<input type="checkbox"/> Contractors Price \$	Project Value \$
Building Permit Fee \$	Civic Address Blade \$ Total Building Fee \$
Development Fee \$	Street Lamp Deposit \$ Other Fee \$
Zoning Reviewed by:	Plans Reviewed by:
Permit Approved by:	Date:
NOTES FROM CBO:	

**INSPECTIONS CONDUCTED WITHIN 48 HRS OF NOTIFICATION – CALL 1-800-313-6444 EXT. 2221 WHEN STAGE COMPLETED
 SPECIAL ARRANGEMENTS TO BE MADE DIRECTLY WITH INSPECTOR - DO NOT BOOK INSPECTION BEFORE COMPLETION**

INSPECTION STAGES: Site/Soil Footing Frame ICF Pre-Pour Foundation Moisture Membrane
 Foundation Drainage Layer Plumbing Ri Slab Framing Plumbing/Mechanical Ri Hydronics Ri
 Chimney Ri Insulation HVAC Ri Occupancy Final Solid Fuel Other

THIS PAGE CAN BE DETACHED FROM YOUR APPLICATION AND KEPT FOR REFERENCE

BELOW IS A PARTIAL LISTING OF AGENCIES FROM WHICH PRE-APPROVALS ARE OFTEN
REQUIRED WITH RESPECT TO OBTAINING A BUILDING PERMIT.

SEWAGE APPROVAL: LEEDS AND GRENVILLE DISTRICT HEALTH UNIT (613) 345-5685
www.healthunit.org

ENTRANCE APPROVAL: COUNTY ROAD (613) 342-9246
MUNICIPAL ROAD (613) 659-2304
PROVINCIAL ROAD (613) 544-2220

ST. LAWRENCE PARKS COMMISSION (613) 543-3704
(HAS JURISDICTION ALONG 1000 ISLANDS PARKWAY PLUS 15 METRES)

THE CONSTRUCTION OF MARINE FACILITIES SUCH AS DOCKS AND BOATHOUSES AND OTHER
PROJECTS THAT INVOLVE WORK ALONG THE SHORELINE OR WITHIN 50 METRES OF A WATERBODY
SHORELINE MAY REQUIRE APPROVAL FROM THE FOLLOWING: (CHECK FIRST)

CATARAQUI REGION CONSERVATION AUTHORITY (613) 546-4228
www.cataraquegion.on.ca

CANADIAN COAST GUARD (Prescott) (613) 925-2865

BUILDING PERMITS ARE REQUIRED FOR THE CONSTRUCTION OF BOATHOUSES AND BOATPORTS
AND IN ADDITION TO THE AFOREMENTIONED APPROVAL AGENCIES, RESPECTING THE
CONSTRUCTION OF MARINE FACILITIES, SUCH PROJECTS ALSO REQUIRE ZONING APPROVAL.

BUILDING PERMITS ARE NOT REQUIRED FOR DOCKS. HOWEVER, IN ADDITION TO THE
AFOREMENTIONED APPROVAL AGENCIES RESPECTING MARINE FACILITIES, ZONING APPROVAL IS
REQUIRED.

OTHER TELEPHONE NUMBERS THAT MAY PROVE USEFUL ARE AS FOLLOWS:

MINISTRY OF THE ENVIRONMENT (MOE) (613) 546-1705

MINISTRY OF NATURAL RESOURCES (MNR) (613) 258-8204

DEPARTMENT OF FISHERIES AND OCEANS (DFO) (613) 969-3921

ELECTRICAL SAFETY AUTHORITY (ESA) 1-877-372-7233
(Must be obtained if placing electrical in project)

HYDRO ONE (clearance to easements/overhead lines) 1-888-664-9376

MUNICIPAL PROPERTY ASSESSMENT CORPORATION (MPAC) (613) 342-3296

ONTARIO NEW HOME WARRANTY PROGRAM (TARION) 1-877-982-7466
(416) 229-9200

ACCESSORY STRUCTURES SUCH AS STORAGE/GARDEN SHEDS (CONTAINING NO PLUMBING
FIXTURES) THAT ARE LESS THAN 108 SQUARE FEET IN AREA WILL NOT REQUIRE A BUILDING PERMIT,
HOWEVER, A BUILDING LOCATION DRAWING (SITE PLAN) MUST BE SUBMITTED TO THE PLANNING
OFFICE IN ORDER TO DETERMINE IF THE PROPOSED PROJECT WILL COMPLY WITH APPLICABLE
ZONING REGULATIONS.