



Township of
Leeds and the
Thousand Islands

Seasonal Dwelling

Building Permit Information Guide

Municipal Office

1233 Prince Street, P.O. Box
280
Lansdowne, Ontario
K0E 1L0
Phone: 613-659-2415
www.leeds1000islands.ca

Office Hours

Mon – Fri 9:00 am – 4:30 pm

General Inquiries and Inspections

Tracy Madsen
Ext. 206
tracy@townshipleeds.on.ca

Building Code Inquires

Paul Nixon
Ext. 210
pnixon@townshipleeds.on.ca

Building Permit Application Checklist

Items Required for a Complete Building Application Submission

- Complete permit application, including seasonal permit affidavit
- Copy of Deed (if not the registered owner on file)
- One complete set of plans in paper and one copy provided in an electronic version, at least 11" by 17" (PDF format) indicating the following:
 - Foundation plan.
 - Floor plan layout (including finished basements)
 - Building elevations.
 - Cross section view indicating dimensions, heights and construction materials.
 - Engineered Truss drawing and layouts
 - Layouts of floor construction (if engineered floor joists are to be used a copy of the design is required).
- Site plan indicating the following:
 - Lot dimensions and lot area
 - Location of house (with measurements) relative to property lines, road, other structures, septic system, well, municipal and/or private easements and rights-of-way and overhead power lines
 - Location, width, and type of driveway and distance from property lines
 - Location is proposed well and septic
 - Dimensions and height of all structures and % of lot coverage
 - Location of retaining walls
 - Location of any watercourses, drainage, ditches, culverts and other waterbodies including high water mark, top of bank and 1:100-year flood line contour (if available) with wave uprush limit.
 - Address and street name
- Engineered details must be certified/stamped by a Professional Engineer (must be licensed in Ontario)

- Completion of Schedule 1 by the owner or a registered qualified designer (unless prepared by a licensed Professional Engineer or Architect)

- Approvals from agencies considered “applicable” law such as:
 - CRCA (Catawaqui Region Conservation Authority)
Mike Dakin: 613-546-4228 ext. 228
 - Leeds Grenville and Lanark Health Unit
Nancy Carpenter: 613-345-5685 ext. 5685
 - United Counties of Leeds and Grenville: 1-613-342-3840
 - Ministry of Transportation approval (properties that face provincial highways)
 - Entrance permit from the Leeds and the Thousand Islands Township Roads Department, or the County of Leeds and Grenville: 613-342-3704

- Other permits and/or approvals may also be required from:
 - The St. Lawrence Parks Commission
Stephanie Plumpton: 613-543-3704
 - Electrical Safety Authority: 1-877-372-7233
 - MNRF (Ministry of Natural Resources and Forestry):
613-531-5700

- Pay all applicable fees according to the fees bylaw



FINAL PAPERWORK REQUIRED FOR OCCUPANCY OF SINGLE FAMILY & SEASONAL DWELLINGS

Approvals Required for Occupancy		Req'd	Rec'd
Ontario Hydro (ESA)	Final ESA approval required for all electrical work	<input type="checkbox"/>	<input type="checkbox"/>
Plumbers Sign Off	Required to be completed by plumber with a "Certificate of Qualification" in Ontario. Not required if owner completed plumbing and all "tests" were witnessed by building inspector as required in 7.3.6	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	Sign off required to be completed by HVAC installer	<input type="checkbox"/>	<input type="checkbox"/>
HRAI Balancing	Balancing form to be submitted by contractor. Contractor must have Level 1 HRAI Certification	<input type="checkbox"/>	<input type="checkbox"/>
T.S.S.A. Completion/ Testing Form	All gas installers must complete sign off form indicating all gas installations have been tested	<input type="checkbox"/>	<input type="checkbox"/>
Potable Water	Proof of potable water must be submitted. Water testing bottles to be taken to L&G Health Unit in Brockville/Smiths Falls or Gananoque	<input type="checkbox"/>	<input type="checkbox"/>
Well Record	Well record is required for all new wells from Ministry of Environment	<input type="checkbox"/>	<input type="checkbox"/>
Entrance Permit	Entrance permit final inspection required. Contact Public Work Department when entrance installed/completed: (613) 659-2415 ext. 234	<input type="checkbox"/>	<input type="checkbox"/>
Energy Efficiency	Ensure Energy Efficiency requirements match submitted EEDS	<input type="checkbox"/>	<input type="checkbox"/>
Septic Final	Septic final inspection required for new systems or alterations to existing systems. Contact Health unit at (613) 345-5685	<input type="checkbox"/>	<input type="checkbox"/>
CRCA Final	Final sign off from CRCA required where a permit has been issued. Contact CRCA at (613) 546-4228	<input type="checkbox"/>	<input type="checkbox"/>



Affidavit Seasonal Dwelling

Date: _____

Project: _____

Owner: _____

I, _____, swear that the structure on the property know civically as _____ will be used as a seasonal dwelling (as exempted in 9.36 of the building code), and does not meet the requirements of the Ontario Building Code, including the energy efficiency requirements of SB-12, for year round use. I further acknowledge that taking advantage of the exemptions means the dwelling is not fit for year round use. If I wish to use the structure for year round use I understand I must apply for a building permit to convert from seasonal to year round and meet all applicable requirements of the Ontario Building Code (upgraded construction, insulation, vapor and air barriers, heating and ventilation, windows) and any Applicable Law. I understand that should I use the structure contrary to this affidavit, I may be charged under the appropriate legislation.

Print Name: _____

Signature: _____

Date: _____



MEMORANDUM

HEATING, VENTILATION AND AIR-CONDITIONING INSTALLATION, VERIFICATION CERTIFICATE (HVAC)

MEMO TO: Paul Nixon, Chief Building Official

FROM: _____

DATE: _____

RE: Owner Name _____
Address _____

This is to certify that _____ has completed the installation, at the above-referenced project, of the following;

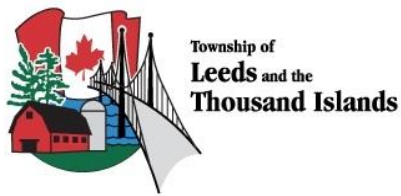
- | | |
|--|---|
| <input type="checkbox"/> Heating system | <input type="checkbox"/> Ventilation system |
| <input type="checkbox"/> Air-conditioning system | <input type="checkbox"/> Gas fireplace |

This will further certify that the system(s) have been installed in accordance with the drawings and designs supplied to the Building Department, which formed the basis for which the Building Permit was issued, including any changes thereto authorized by the Chief Building Official.

Minor changes to the system, which do not adversely affect its operation, are as follows:

SIGNATURE

DATE



MEMORANDUM

PLUMBING SYSTEM, DWV, AND POTABLE WATER TESTS

MEMO TO: Paul Nixon, Chief Building Official DATE: _____
FROM: _____
RE: Owner Name _____
 Address _____

This will confirm that the plumbing system for the above-mentioned project has been tested and has successfully passed the requirements for testing under Subsections 7.3.6 and 7.3.7 of the Ontario Building Code:

A. DRAINAGE AND VENTING SYSTEMS

All components of the drainage and venting system have passed the following tests:

1. Pressure test using air or water at the rough-in stage in accordance with OBC sentence 7.3.6.1.(1)
2. Final test using smoke or air pressure after the installation of all fixtures, in accordance with OBC sentence 7.3.6.1.(2).

B. POTABLE WATER SYSTEMS

The entire potable water systems has successfully passed the pressure test using water or air on the complete system after the Installation of all fixtures, in accordance with OBC subsection 7.3.7.

This will also confirm that all components of the plumbing system are marked in accordance with the relevant Canadian Standards Association (CSA), as detailed under article 7.2.1.3., and that no cross connections exist that would render the potable water systems non-potable, as detailed under article 7.6.2.1., and all fixtures meet the water efficiency requirements detailed under OBC subsection 7.6.4.

The plumbing system is complete and ready for operation by the building occupants.

I have an Ontario "Certificate of Qualification" (C of Q) in plumbing:

Yes _____ No _____

PLUMBING COMPANY: _____

PLUMBERS NAME: (Please print): _____

SIGNATURE: _____



RESIDENTIAL MECHANICAL VENTILATION RECORD

W2

For Certification of Design and Performance of Residential Ventilation Systems

A HEATING SYSTEM/ COMBUSTION APPLIANCES

Forced Air Non Forced Air

Electric Gas Oil Other

No combustion appliances *No depressurization limit*

Solid Fuel (including Fireplaces) *5 pa. limit*

Direct Vent (Sealed Combustion) only *No dep. limit*

Positive venting induced draft *_____ pa. dep. limit*

Natural draft or B-vent *5 pa. limit*

LOCATION

Roll# _____ Permit # _____

Lot & Plan # _____ Township _____

Civic Address _____

B EXHAUST EQUIPMENT

Clothes Dryer 160 cfm

Down-draft Cook-top 220 cfm

Other: (over 160 cfm) _____

DEPRESSURIZATION TEST/CALC. REQUIRED? yes no

BUILDER

Name _____ R-2000 I.D.# _____

Address _____

City _____ Postal Code _____

Tel. _____ Fax _____

C TOTAL VENTILATION CAPACITY (TVC)

Bsmt & Master Bdrm _____ @ 20 cfm _____ cfm

Other Bedrooms _____ @ 10 cfm _____ cfm

Bathrooms & Kitchen _____ @ 10 cfm _____ cfm

Other Rooms _____ @ 10 cfm _____ cfm

TOTAL VENTILATION CAPACITY (TVC) _____ cfm

DESIGNER

I certify this ventilation system design to be in accordance with:

CSA F326-M91 R-2000

NBC '95-(9.32.3) OBC '93 (9.32.3) BCBC '92

Name _____ HRAI # _____

Address _____

City _____ Postal Code _____

Tel. _____ Fax _____

Signature _____ Date _____

D CONTINUOUS EXHAUST CAPACITY

Kitchens _____ @ 60 cfm _____ cfm

Bathrooms _____ @ 20 cfm _____ cfm

TOTAL _____ cfm

E INTERMITTENT EXHAUST CAPACITY

Kitchens _____ @ 100 cfm _____ cfm

Bathrooms _____ @ 50 cfm _____ cfm

INSTALLATION CHECKLIST

Controls functioning Fans operating & clean

Filters clean Flow Measuring Stations

Dampers accessible Insulated duct sealed

Drain loop & connection

Distribution to all rooms (non-forced air)

Forced-air system continuous mode interlock

Grease filter kitchen intake (if duct not accessible for cleaning)

Kitchen exhaust 4 ft from range

Exhaust 4" above grade Supply 18" above grade

Supply intake 6ft from exhaust (recommended)

Supply intake 3ft to other exhausts

Other _____

F TVC SYSTEM

Location _____

Manufacturer/Model: _____ HVI

Design Airflow: _____ cfm High _____ cfm Low

_____ % Sensible Efficiency @ 0°C _____ watts

_____ % Sensible Efficiency @ -25°C _____ watts

L MEASURED VENTILATION (TVC System)

Supply: _____ cfm High _____ cfm Low

Exhaust: _____ cfm High _____ cfm Low

G ADDITIONAL EQUIPMENT

1 Location: _____ cfm _____ sones

Manufacturer/Model: _____ HVI

2 Location: _____ cfm _____ sones

Manufacturer/Model: _____ HVI

3 Location: _____ cfm _____ sones

Manufacturer/Model: _____ HVI

4 Location: _____ cfm _____ sones

Manufacturer/Model: _____ HVI

M INSTALLER

I certify this ventilation system to be installed in accordance with:

CSA F326-M91 R-2000

NBC '95-(9.32.3) OBC '93 (9.32.3) BCBC '92

Name _____ HRAI # _____

Address _____

City _____ Postal Code _____

Tel. _____ Fax _____

Signature _____ Date _____

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: <u>The Township of Leeds and the Thousand Islands</u>			
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 (See the attached guide for assistance)				
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).			<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <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 _____ 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.

Guide to completeness and compliance with applicable law

J. Heritage Designation (for alteration/repair/renovation/demolition projects only)	
Has this property been designated under The Ontario Heritage Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
Has this property been designated as a property of interest by the Municipal Heritage Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____

K. Minimum Distance Separation (for construction of new dwelling or livestock facility only)	
Is there an existing or proposed barn or livestock facility within 1000 m of an existing or proposed dwelling? If yes, please obtain a copy of Schedule 3 <i>Minimum Distance Separation Formulae</i> , which is available on our website or by contacting the Township office.	<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____

L. Approvals from Other Agencies	
<p>Cataraqui Region Conservation Authority approval required if construction is within 15 metres of a flood plain, 50 metres of a water course, a Locally Significant Wetland, an Area of Natural and Scientific Interest, within 120 metres of a Provincially Significant Wetland or within 30 metres of all other wetlands greater than 0.5 ha.</p> <p>Leeds, Grenville and Lanark District Health Unit approval required if new construction, an addition, or an increase in the number of bedrooms or plumbing fixtures.</p> <p>St. Lawrence Parks Commission approval required if the construction is within 150 feet of, or fronts or backs onto, the 1000 Islands Parkway.</p> <p>Other Agency Indicate Agency _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ If 'Yes', date approval obtained from CRCA: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ If 'Yes', date approval obtained from Health Unit: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ If 'Yes', date approval obtained from SLPC: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ If 'Yes', date approval obtained _____</p>

M. Owner's Authorization	
<p>I, _____, am the owner of the land that is subject of this application for a building permit in the Township of Leeds and the Thousand Islands and I authorize _____ to make this application on my behalf.</p> <p>Date: _____ Signature of Owner: _____</p>	

IMPORTANT INFORMATION	
<p>The Municipality notifies the following agencies concerning the approval of your building permit application:</p> <ul style="list-style-type: none"> • Municipal Property Assessment Corporation • Statistics Canada • Tarion New Home Warranty • Ministry of Labour • Electrical Safety Authority • Leeds, Grenville & Lanark District Health Unit • Canada Mortgage & Housing 	

**** Failure to submit any of the required information may result in your application being returned. ****

Records of Site Condition O.Reg. 153/04

When a property is being proposed for a more sensitive land use than its current or most recent use then a Record of Site Condition (RSC) per the Environmental Protection Act (EPA) is required prior to land use change.

Please indicate ('x') if the lands in respect of which the building permit application is made have been used for any of the following uses:

X	Potentially Contaminating Activity	X	Potentially Contaminating Activity
	Acid and Alkali Manufacturing, Processing and Bulk Storage		Importation of Fill Material of Unknown Quality
	Adhesives and Resins Manufacturing, Processing and Bulk Storage		Ink Manufacturing, Processing and Bulk Storage
	Airstrips and Hangars Operation		Iron and Steel Manufacturing and Processing
	Antifreeze and De-icing Manufacturing and Bulk Storage		Metal Treatment, Coating, Plating and Finishing
	Asphalt and Bitumen Manufacturing		Metal Fabrication
	Battery Manufacturing, Recycling and Bulk Storage		Mining, Smelting and Refining; Ore Processing; Tailings Storage
	Boat Manufacturing		Oil Production
	Chemical Manufacturing, Processing and Bulk Storage		Operation of Dry Cleaning Equipment (where chemicals are used)
	Coal Gasification		Ordnance Use
	Commercial Autobody Shops		Paints Manufacturing, Processing and Bulk Storage
	Commercial Trucking and Container Terminals		Pesticides (including Herbicides, Fungicides and Anti-Fouling Agents) Manufacturing, Processing, Bulk Storage and Large-Scale Applications
	Concrete, Cement and Lime Manufacturing		Petroleum-derived Gas Refining, Manufacturing, Processing and Bulk Storage
	Cosmetics Manufacturing, Processing and Bulk Storage		Pharmaceutical Manufacturing and Processing
	Crude Oil Refining, Processing and Bulk Storage		Plastics (including Fibreglass) Manufacturing and Processing
	Discharge of Brine related to oil and gas production		Port Activities, including Operation and Maintenance of Wharves and Docks
	Drum and Barrel and Tank Reconditioning and Recycling		Pulp, Paper and Paperboard Manufacturing and Processing
	Dye Manufacturing, Processing and Bulk Storage		Rail Yards, Tracks and Spurs
	Electricity Generation, Transformation and Power Stations		Rubber Manufacturing and Processing
	Electronic and Computer Equipment Manufacturing		Salt Manufacturing, Processing and Bulk Storage
	Explosives and Ammunition Manufacturing, Production and Bulk Storage		Salvage Yard, including automobile wrecking
	Explosives and Firing Range		Soap and Detergent Manufacturing, Processing and Bulk Storage
	Fertilizer Manufacturing, Processing and Bulk Storage		Solvent Manufacturing, Processing and Bulk Storage
	Fire Retardant Manufacturing, Processing and Bulk Storage		Storage, maintenance, fuelling and repair of equipment, vehicles, and material used to maintain transportation systems
	Fire Training		Tannery
	Flocculants Manufacturing, Processing and Bulk Storage		Textile Manufacturing and Processing
	Foam and Expanded Foam Manufacturing and Processing		Transformer Manufacturing, Processing and Use
	Garages and Maintenance and Repair of Railcars, Marine Vehicles and Aviation Vehicles		Treatment of Sewage equal to or greater than 10,000 litres per day
	Gasoline and Associated Products Storage in Fixed Tanks		Vehicles and Associated Parts Manufacturing
	Glass Manufacturing		Waste Disposal and Waste Management, including thermal treatment, landfilling and transfer of waste, other than use of biosoils as soil conditioners
			Wood Treating and Preservative Facility and Bulk Storage of Treated and Preserved Wood Products

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 Division C]			
<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.			
Individual BCIN: _____			
Firm BCIN: _____			
<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.			
Individual BCIN: _____			
Basis for exemption from registration: _____			
<input type="checkbox"/> 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 practice, 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.

Plot Plan

****Required for all new construction and demolitions****

All structures and buildings in the Municipality must conform to the Township's Zoning By-Law as it is applicable law. In order to ensure that the proposed structure is in compliance with the Zoning By-Law, a complete plot plan with the following information is required for review:

Plot Plan Check List - Property Information	
<input type="checkbox"/> Dimensions of the property	<input type="checkbox"/> Dimensions and area of existing and proposed structures
<input type="checkbox"/> Location of existing or proposed septic system and well	<input type="checkbox"/> Height of the proposed structure
<input type="checkbox"/> Approximate location of all natural and artificial features	<input type="checkbox"/> Name of any road/private right-of-way within or abutting property
From the nearest point of the new construction:	
<input type="checkbox"/> Setbacks to centerline of adjacent roads	<input type="checkbox"/> Distance to the high water mark (if applicable)
<input type="checkbox"/> Distance to the edge of adjacent right-of-ways	<input type="checkbox"/> Distance to all property lines
	<input type="checkbox"/> Distance from accessory structure to main use

Check here if the Plot Plan is on a separate piece of paper and is attached to this application.

New Construction is to be a minimum of <input type="checkbox"/> 5 ft from septic tank <input type="checkbox"/> 17 ft from tile bed <input type="checkbox"/> 16 ft from hydro lines. Please Indicate the distances on the plot plan.	
Address of Property:	
Owner:	

Energy Efficiency Design Summary: Prescriptive Method

(Building Code Part 9, Residential)

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
<input type="checkbox"/> Zone 1 (< 5000 degree days)	<input type="checkbox"/> ≥ 92% AFUE	<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Solid Fuel
<input type="checkbox"/> Zone 2 (≥ 5000 degree days)	<input type="checkbox"/> ≥ 84% < 92% AFUE	<input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> 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 % = _____	<input type="checkbox"/> Log/Post&Beam <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> ICF Basement <input type="checkbox"/> Slab-on-ground <input type="checkbox"/> Walkout Basement <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Combo Unit <input type="checkbox"/> Air Sourced Heat Pump (ASHP) <input type="checkbox"/> Ground Sourced Heat Pump (GSHP)
Area of W, S & G = _____ m ² or _____ ft ²	Utilize window averaging: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Energy Efficiency Substitutions				
<input type="checkbox"/> ICF (3.1.1.2.(5) & (6) / 3.1.1.3.(5) & (6))				
<input type="checkbox"/> Combined space heating and domestic water heating systems (3.1.1.2.(7) / 3.1.1.3.(7))				
<input type="checkbox"/> Airtightness substitution(s) Airtightness test required (Refer to Design Guide Attached)	<input type="checkbox"/> Table 3.1.1.4.B Required: _____ Permitted Substitution: _____			
	<input type="checkbox"/> 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° 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/(m²•K) or Btu/(h•ft²•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.

Energy Efficiency Design Summary: Performance & Other Acceptable Compliance Methods

(Building Code Part 9, Residential)

This form is used by a designer to demonstrate that the energy efficiency design of a house complies with the building code using the Performance or Other Acceptable Compliance Methods described in Subsections 3.1.2. and 3.1.3. of SB-12,

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.

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. Compliance Option [indicate the building code compliance option being employed in this house design]

<input type="checkbox"/> <i>SB-12 Performance</i> * [SB-12 - 3.1.2.]	* Attach energy performance results using an approved software (see guide)
<input type="checkbox"/> <i>ENERGY STAR</i> ®* [SB-12 - 3.1.3.]	* Attach Builder Option Package [BOP] form
<input type="checkbox"/> <i>R-2000</i> ®* [SB-12 - 3.1.3.]	* Attach R-2000 HOT2000 Report

C. Project Building Design Conditions

Climatic Zone (SB-1):	Heating Equipment Efficiency	Space Heating Fuel Source
<input type="checkbox"/> Zone 1 (< 5000 degree days)	<input type="checkbox"/> ≥ 92% AFUE	<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Solid Fuel
<input type="checkbox"/> Zone 2 (≥ 5000 degree days)	<input type="checkbox"/> ≥ 84% < 92% AFUE	<input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> 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 % = _____	<input type="checkbox"/> Log/Post&Beam <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> ICF Basement <input type="checkbox"/> Slab-on-ground <input type="checkbox"/> Walkout Basement <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Combo Unit <input type="checkbox"/> Air Source Heat Pump (ASHP) <input type="checkbox"/> Ground Source Heat Pump (GSHP)
Area of W, S & G = _____m ² or _____ft ²		
SB-12 Performance Reference Building Design Package indicating the prescriptive package to be compared for compliance		
SB-12 Referenced Building Package (input design package): Package:_____ Table:_____		

D. Building Specifications [provide values and ratings of the energy efficiency components proposed, or attach ENERGY STAR BOP form]

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° 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 Space / Dom. Water Heating	

(1) U value to be provided in either W/(m²·K) or Btu/(h·ft²·F) but not both.

E. Performance Design Verification [Subsection 3.1.2. Performance Compliance]

The annual energy consumption using Subsection 3.1.1. SB-12 Reference Building Package is _____ GJ (1 GJ =1000MJ)

The annual energy consumption of this house as designed is _____ GJ

The software used to simulate the annual energy use of the building is: _____

The building is being designed using an air tightness baseline of:

- OBC reference ACH, NLA or NLR default values (no depressurization test required)
- Targeted ACH, NLA or NLR. Depressurization test to meet _____ ACH50 or NLR or NLA

- Reduction of overall thermal performance of the proposed building envelope is not more than 25% of the envelope of the compliance package it is compared against (3.1.2.1.(6)).
- Standard Operating Conditions Applied (A-3.1.2.1 - 4.6.2)
- Reduced Operating Conditions for Zero-rated homes Applied (A-3.1.2.1 - 4.6.2.5)

- On Site Renewable(s): Solar: _____
Other Types: _____

F. ENERGY STAR or R-2000 Performance Design Verification [Subsection 3.1.3. Other Acceptable Compliance Methods]

- The NRCan “ENERGY STAR for New Homes Standard Version 12.6 ” technical requirements, applied to this building design result in the building performance meeting or exceeding the prescriptive performance requirements of the Supplementary Standard SB12 (A-3.1.3.1).
- The NRCan, “2012 R-2000 Standard ” technical requirements, applied to this building design result in the building performance meeting or exceeding the prescriptive performance requirements of the Supplementary Standard SB12 (A-3.1.3.1).

Performance Energy Modeling Professional

Energy Evaluator/Advisor/Rater/CEM Name and company:

Accreditation or Evaluator/Advisor/Rater License #

ENERGY STAR or R-2000

Energy Evaluator/Advisor/Rater/ Name and company:

Evaluator/Advisor/Rater License #

G. 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 Energy Efficiency Design Summary Form for Performance & Other Acceptable Compliance Methods

COMPLETING THE FORM

B. Compliance Options

Indicate the compliance option being used.

- *SB-12 Performance* refers to the method of compliance in Subsection 3.1.2. of SB-12. Using this approach the designer must use recognized energy simulation software (such as HOT2000 V10.51 or newer), and submit documents which show that the annual energy use of the proposed building is equal to or less than a prescriptive (referenced) building package.
- *ENERGY STAR* houses must be designed to *ENERGY STAR* requirements and verified on completion by a licensed energy evaluator and/or service organization. The *ENERGY STAR* BOP form must be submitted with the permit documents.
- *R-2000* houses must be designed to the *R-2000 Standard* and verified on completion by a licensed energy evaluator and/or service organization. The HOT2000 report must be submitted with the permit documents.

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. 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. Refer to SB-12 for further details.

E. Performance Design Summary

A summary of the performance design applicable only to the *SB-12 Performance* option.

F. ENERGY STAR or R-2000 Performance Method

Design to ENERGY STAR or R-2000 Standards.

G. 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.

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 3.1.2.1. are not requirements. The Table is not intended to require or suggest that the building meet those airtightness targets. They are provided only as default or reference values for the purpose of annual energy simulations, should the builder/owner decide to perform such simulations. They are given in three different metrics; ACH, NLA, NLR. Any one of them can be used. They can be used as a default values for both a reference and proposed building or, where an air leakage test is conducted and credit for airtightness is claimed, the airtightness values in Table 3.1.2.1. can be used for the reference building and the actual leakage rates obtained from the air leakage test can be used as inputs for the proposed building.

OBC Reference Default Air Leakage Rates (Table 3.1.2.1.)

Detached dwelling	3.0 ACH50	NLA 2.12 cm ² /m ²	NLR 1.32 L/s/m ²
Attached dwelling	3.5 ACH50	NLA 2.27 cm ² /m ²	NLR 1.44 L/s/m 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 Performance* option is used and an air tightness of less than 3.0 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of detached houses, or 3.5 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of attached houses is necessary to meet the required energy efficiency standard.

ENERGY EFFICIENCY LABELING FOR NEW HOUSES

ENERGY STAR and R-2000 may issue labels for new homes constructed under their energy efficiency programs. The building code does not currently regulate or require new home labeling.