



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>Municipality of French River</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 Permit <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional			
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				
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.			<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.

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"/> 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="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-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="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-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="padding-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. <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Date Signature of Designer </p>			

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.

Section: Public Works & Environmental	Policy number: G-12
Subject: Demolition Internal Procedure	Effective Date: January 16, 2008
	Revision Date: June 26, 2014
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Schedule 'A' Demolition Permit Procedure

- 1. Obtain Demolition Permit # _____
Name of Applicant _____
Property Roll# _____
- 2. Section 357 application has been given to the customer
- 3. The Applicant was provided with the Tipping Fees Schedule
- 4. The Applicant was notified to make arrangements to disconnect and cap applicable services/utilities
- 5. The bottom portion of this form has been filled out by the Applicant
- 6. Accounting has created the customer in GP Cust#: _____
- 7. Accounting has emailed this form and the demolition permit to landfill

Date Completed: _____

Consent Form for Demolition

As applicant to the demolition permit above I agree that I will be financially responsible for all the tipping fees associated with this demolition. In order to ensure that all tipping fees are collected by the Municipality I chose to:

- Pay cash/debit or credit on every load to the landfill
- To create a charge account using this credit card number as collateral
Card Type: Master Card Visa
Number: _____ Expiry Date: _____
Name on Card: _____
Signature of card owner: _____

Consent Approval:

Print

Sign

Date

SECTION 357 / 358 / 359 APPLICATION
TO THE COUNCIL OR THE ASSESSMENT REVIEW BOARD

Application/Appeal #:
Taxation Year:

Municipality: _____ Roll Number: _____
 Property Address: _____ Applicant Name: _____
 Owner Name: _____ Contact Number: _____
 Mailing Address: _____ Alternative Number: _____
 _____ Email Address: _____

Reason for s357 application: (Check one box – applicable to s357 only)

<input type="checkbox"/> Ceases to be liable for tax at rate it was taxed – 357(1)(a)	<input type="checkbox"/> Became vacant or excess land – 357(1)(b)
<input type="checkbox"/> Became exempt – 357(1)(c)	<input type="checkbox"/> Sickness or extreme poverty – 357(1)(d.1)
<input type="checkbox"/> Razed by fire, demolition or otherwise – 357(1)(d)(i)	<input type="checkbox"/> Mobile unit removed – 357(1)(e)
<input type="checkbox"/> Damaged and substantially unusable – 357(1)(d)(ii)	<input type="checkbox"/> Gross or manifest clerical/factual error – 357(1)(f)
<input type="checkbox"/> Repairs/Reno's preventing normal use (min. 3 months) – 357(1)(g)	

Details of Reason for s357, s358 or s359 application: _____

Effective from: ___/___/___ to ___/___/___ Applicant Signature: _____ Date: ___/___/___
(MM/DD/YY) (MM/DD/YY)

ASSESSMENT REPORT: MUNICIPALITY				TREASURER'S RECOMMENDATION TO COUNCIL				
Assessment Roll As Returned		Revised Since Roll Return <input type="checkbox"/> Enter Revisions Below		Assessment Report		School Bd: <input type="checkbox"/> Eng <input type="checkbox"/> Fr <input type="checkbox"/> Other		
				<input type="checkbox"/> No Change in Assessment		<input type="checkbox"/> S357 Required for Next Year		
RTC/RTQ	2005 Base-year CVA	2008 Base-year CVA	Current Phased Assessment	Revised RTC/RTQ	Revised 2005 Base-year CVA	Revised 2008 Base-year CVA	Revised Current Phased Assessment	Change to Current Phased Assessment
Revised:				Reason for Change: _____ _____ _____				
Reason Original Assessment Revised: _____								

TREASURER'S REPORT ON TAX LIABILITY					
RTC/RTQ	Taxable Assessment Reduction	Tax Rate	Days / Months	Tax Adjustment	Original Levy

Recommended : No Adjustment Adjustment Cancellation Refund Total Amount _____

Comments: _____

Treasury Position: _____ Signature: _____ Date: ___/___/___

COUNCIL OR ASSESSMENT REVIEW BOARD DECISION: Hearing Date (MM/DD/YY): ___/___/___

Approved Amended & Approved Not Approved Applicant Did Not Appear Application Abandoned

Reason: _____

Appeared for Applicant: _____ Appeared for Municipality: _____

Signature of Council/ARB Member: _____ Name/Title: _____

**Schedule "E" To By-law 2017-35
FEES AND RELATED USER CHARGES**

Environmental & Public Works

DRIVEWAY CULVERT REPLACEMENT	
Per meter, 12 inch culvert	\$ 125.00 + appl. taxes
Per meter, 15 inch culvert	\$ 140.00 + appl. taxes
Per meter, 18 inch culvert	\$ 145.00 + appl. taxes
Per meter, 24 inch culvert	\$ 155.00 + appl. taxes

DRIVEWAY CULVERT ADJUSTMENT	
Per meter, 12 inch culvert	\$ 65.00 + appl. taxes
Per meter, 15 inch culvert	\$ 70.00 + appl. taxes
Per meter, 18 inch culvert	\$ 75.00 + appl. taxes
Per meter, 24 inch culvert	\$ 80.00 + appl. taxes

911 SIGNS	
Per sign (including installation)	\$ 75.00 + appl. taxes
Per sign (excluding installation)	\$ 40.00 + appl. taxes

LANDFILL DISPOSAL FEES	
SEPARATION FEES	
Tandem Truck	\$ 382.00
Tri-axle Truck	\$ 486.00
Each Additional Cubic Yards	\$ 51.00
RESIDENTIAL FEES	
Household Waste	No Cost
Tires, per tire	No Cost
Tire, with rim	\$ 6.00
Electronics	No Cost
White Goods	No Cost
Scrap Metals	No Cost
Refrigerants	No Cost
CONSTRUCTION AND DEMOLITION FEES (drywall, insulation, shingles, flooring, lumber, yard waste, etc.)	
Car	\$ 6.00
Truck / Van / Small Trailer	\$ 12.00
Medium Trailer	\$ 18.00
Large Trailer	\$ 24.00
Each Additional Cubic Yards	\$ 12.00
Tandem Truck	\$ 90.00
Tri-axle Truck	\$110.00
CONTAMINATED WASTE FEES (contaminated soil or substrate, asphalt, etc.)	
Tandem - Contaminated Waste	\$ 340.00
Tri-axle - Contaminated Waste	\$ 425.00
Each Additional Cubic Yards	\$ 45.00

ASBESTOS – Flat Fee *Must receive prior approval before entering Landfill Site	\$ 200.00 + Appl. Disposal Fees
LANDFILL PASSES	
Landfill Pass – Seasonal Non Resident	\$ 50.00
Landfill Pass Non Resident	\$ 100.00
Landfill Pass Non Resident Commercial	\$ 600.00
Landfill Pass Non Resident Industrial	\$1,000.00
WASTE BIN COLLECTION	
Waste Bin Collection Fee per pick-up	\$ 15.00