Township of South Stormont
P.O. Box 84, 2 Mille Roches Road
Long Sault ON K0C 1P0
Tel: 613-534-8889
Fax: 613-534-2280
Email: info@southstormont.ca

Building Permit Checklist: Residential Renovations

1. **Completed Building Permit Application Form**

2. **Schedule 1 Form (designer information) (if applicable)**

3. **Schedule 3 Form (deposit refund information/owner's authorization) (if applicable)**

4. **Site Plan**

    a. One copy of a sketch to scale showing the property dimensions with setbacks to all existing and proposed structures. The location of the septic system, nearby power lines and wells must also be shown on the site plan.

5. **Building Plans**

    a. All plans (unless exempt) must be designed by a person (architect, engineer or designer) registered/licensed with the province of Ontario and have a BCIN number.

    b. Details including; floor plan, foundation plan, wall and roof specifications, elevation drawings, etc. must be included

6. **Truss Layout (if applicable)**

7. **Septic Permit from South Nation Conservation (if applicable)**

8. **HVAC Design (if applicable)**

Please note: Depending on the property's location, further documentation may be required (SDG Counties setback permits, MTO land use permits, entrance permits, conservation authority permits, etc.).

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act,1992*

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: Township of South Stormont
(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

☐ New construction ☐ Addition to an existing building ☐ Alteration/repair ☐ Demolition ☐ Conditional Permit

Proposed use of building	Current use of building

Description of proposed work

C. Applicant

Applicant is: ☐ Owner or ☐ Authorized agent of owner

Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	

D. Owner (if different from applicant)

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 *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	☐ 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).	☑ Yes	☐ 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 *Building Code Act, 1992*, to be paid when the application is made.	☑ Yes	☐ 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 *Building Code Act, 1992.*	☑ Yes	☐ 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 *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	☑ Yes	☐ No
iv) The proposed building, construction or demolition will not contravene any applicable law.	☑ Yes	☐ 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]

☐ House	☐ HVAC – House	☐ Building Structural
☐ Small Buildings	☐ Building Services	☐ Plumbing – House
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems

Description of designer's work

D. Declaration of Designer

I _____ declare that (choose one as appropriate):

(print name)

I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4.of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5.of Division C, of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

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

Basis for exemption from 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) (c).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.

Schedule 3: Consent and Acknowledgment

A. Project Information

Building number and street name:

Description of proposed work:

B. Inspection and Lot Grading Deposits

(As per Schedule "B" to By-law No. 2023-033, as amended)

A refundable inspection deposit (the "Inspection Deposit") is charged for various permits issued under the *Building Code Act, 1992* (the "BCA"). The amount of the Inspection Deposit is based on the construction value of the work. The full amount of the Inspection Deposit is refundable, if the work is completed in accordance with the timelines prescribed in Schedule "B" to By-law #2023-033, as amended.

Prior to refunding the Inspection Deposit, the applicant/permit holder shall obtain a final inspection. The Inspection Deposit will be refunded to the **PERSON/CORPORATION** indicated below, once the final inspection has passed. An amount equal to twenty-five percent (25%) of the original Inspection Deposit will be deducted annually by the Corporation of the Township of South Stormont (the "Township"), beginning on the second anniversary following the date of permit issuance, for a permit that has not obtained a **PASSED** final inspection. Pursuant to Building By-law #2023-033, as amended, additional fees, such as for re-inspections, incurred by the permit holder, may be deducted from the Inspection Deposit.

In addition, a refundable lot grading deposit (the "Lot Grading Deposit") is charged for various permits issued under the BCA. The full amount of the Lot Grading Deposit is refundable, if the work is completed in accordance with the timelines (within two (2) years of date of permit issuance) prescribed in Schedule "B" to By-law #2023-033, as amended. In addition, an amount equal to fifty percent (50%) of the original Lot Grading Deposit is refundable if the work is completed between two (2) and three (3) years of date of permit issuance.

I hereby acknowledge that I have read and understand that it is the responsibility of the applicant/permit holder to notify the Township for all required inspections, including the final inspection, in order to obtain the Inspection Deposit and/or Lot Grading Deposit refund(s).

_____ _____

Date Signature of applicant

Name of person/corporation to return deposit(s) to:

Complete mailing address:

C. Agent Authorization

Last name (agent)	First name (agent)	Corporation or partnership
Street address		
City/Town	Postal code	Province
Telephone number ( )	Cell number ( )	E-mail

I,_____ am the registered owner(s) of the property described in this application
(print name of owner)

form and do hereby authorize _____ to make applications and amendments on my behalf.
(print name of authorized agent)

It is understood that I/we will abide by all by-laws of the Township and that any approvals granted by this application will be carried out in accordance with municipal, provincial and federal requirements.

_____ _____

Date Signature of property owner

D. Incomplete Application

I,_____, am the owner or authorized agent of the owner
(print name of owner/authorized agent)

and do hereby acknowledge that this application is deemed to be incomplete and is not entitled to the time periods prescribed in *O. Reg. 332/12: BUILDING CODE* or *O. Reg. 163/24: BUILDING CODE* (the "Ontario Building Code"), as amended, as the case may be.

Notwithstanding the above, I wish to have the application accepted for processing and understand that a permit will not be issued until all the required information is submitted and reviewed for compliance by the Chief Building Official or their designate.

_____ _____

Date Signature of owner/authorized agent

PLOT PLAN

Please include the following information on your plan:

1. Please indicate a north arrow, street or road name.
2. The distance of proposed building to all 4 Property Lines (all 4 sides).
3. The distance of proposed building within 500 metres of each of the following:

Existing Buildings:	Septic Systems:
Creeks, Stream & Rivers:	Hydro Lines:
Kennels:	Livestock Operations:
Manure Storage Systems:	Pit & Quarry:

THIS SHEET MUST BE FILLED OUT

Signature: _____