

## RESIDENTIAL INTERIOR RENOVATIONS

### PERMIT APPLICATION & INFORMATION



### Building Department

Building Information Officer - [permits@southglengarry.com](mailto:permits@southglengarry.com) – Ext. 2205





## **Permit Application Checklist for Residential Interior Renovations**

**Building Permit Fees:**

- \$250.00 application base fee
- Applicable permit fees
  - o Payable by cash, cheque, debit or online by credit card/debit

**Forms required to be included as part of the Permit Application:**

1. Completed "Application for Permit to Construct or Demolish" form (attached)
2. "Consent and Acknowledgment" form (if applicable) for permit application (attached)
  - Required if someone other than the property owner is the permit applicant
3. Approval documents required by an applicable law
4. "Schedule 1: Designer(s) Information" form (attached)

**Drawings & information required to be included as part of the Permit Application:**

- Foundation Plan
- Floor plan(s)
- Floor Framing Plan or pre-engineered floor truss layout
- Roof Framing Plan or pre-engineered roof truss layout
- Building Elevations
- Cross- Section(s)- indicate Floor, Wall and Roof Assemblies
- Residential Mechanical Ventilation Design Summary
- Ductwork design and associated drawings
- Review of Existing On-Site Sewage System capacity (see note #1 below)
- Other \_\_\_\_\_

*One set of drawings and information are required to be included as part of the Permit Application Submission*

*All drawings shall be legible, to scale, dimensioned and provide sufficient information that describes the extent of proposed work.*

**How to Apply: (select 1 of 3 options below)**

1. **Apply online through Cloudpermit, an online system allowing users to track and monitor their building permit.**
2. **Download and complete the fillable PDF Building Permit Application and email it directly to the Building Information Officer ([permits@southglengarry.com](mailto:permits@southglengarry.com)).**
3. **Deliver Application to the township office.**



**Township of South Glengarry**  
6 Oak Street, P.O. Box 220, Lancaster, ON, K0C 1N0  
T: (613) 347-1166 | F: (613) 347-3411  
[www.southglengarry.com](http://www.southglengarry.com)

**Note:**

1. *Review of existing on-site sewage system by a qualified designer is required where:*
  - a) *Increasing the number of bedrooms in the dwelling*
  - b) *The area of the addition exceeds 15% of the existing finished area of the dwelling*
  - c) *Adding plumbing fixtures to the dwelling*

This form summarizes the minimum required information to be submitted, as part of a permit application, in accordance with the Building Code Act and the Township of South Glengarry's Building By-Law. Every attempt has been made to provide a complete list. However, should the requirement for additional documents and/or approvals be determined during the processing of this application you will be notified.

Please ensure that your permit application is complete. Note that incomplete applications may not be accepted for processing and are not subject to the time periods within which a permit is issued or refused as prescribed in the Building Code.



# 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: _____ (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 <sup>2</sup> )	
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 ( )	

<b>E. Builder (optional)</b>			
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 ( )	
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>			
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.		% Yes	% No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?		% Yes	% No
iii. If yes to (ii) provide registration number(s): _____			
<b>G. Required Schedules</b>			
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.			
<b>H. Completeness and compliance with applicable law</b>			
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.		% 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 <i>Building Code Act, 1992</i> .		% 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 <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.		% Yes	% No
iv) The proposed building, construction or demolition will not contravene any applicable law.		% Yes	% No
<b>I. Declaration of applicant</b>			
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.



**Township of South Glengarry**  
 6 Oak Street, P.O Box 220, Lancaster, ON, K0C 1N0  
 T: (613)-347-1166 F: (613)-347-3411  
[www.southglengarry.com](http://www.southglengarry.com)

## Consent and Acknowledgment Form

### A. Agent Authorization

I, \_\_\_\_\_ am the registered property 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)

\_\_\_\_\_ Date \_\_\_\_\_ Signature of property owner

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

\_\_\_\_\_ Date \_\_\_\_\_ Signature of authorized agent

### B. Incomplete Application

I, \_\_\_\_\_ am the owner or the authorized agent of the owner and do hereby  
 (print name)  
 acknowledge that this application is deemed to be incomplete and is not entitled to the same time periods prescribed in Column 2 table 1.3.1.3 Division C of the Building Code. No permit will be issued until such time that all the required information is submitted and reviewed for compliance by the Chief Building Official or their designate.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of applicant

### C. Administrative Performance Deposits

A refundable Administrative Performance Deposit (Deposit) is charged for each Building Permit issued. The amount of the Deposit is based on construction value of the work. The full amount of the Deposit is refundable if the work is completed in accordance with the timelines prescribed in By-Law 26-2022.

Prior to refunding the Deposit, the Applicant/Permit Holder shall obtain a final inspection. The Deposit will be refunded to the PERSON indicated below once the final inspection has passed. One hundred percent (100%) of the Deposit will be refunded if work and all required inspections are fully completed within two (2) years of the date of issuance of the permit. An amount equal to twenty-five percent (25%) of the original deposit is retained annually thereafter. Pursuant to Building By-Law 26-2022, additional fees incurred by the Permit Holder may be deducted from the Deposit.

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 Deposit.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of property owner

\_\_\_\_\_ Date \_\_\_\_\_ Signature of applicant

Name of Person to return Deposit to:

Complete Mailing Address:



## Schedule 1: Designer Information

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

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name	Firm		
Street address	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax number (    )	Cell number (    )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
<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			
<b>D. Declaration of Designer</b>			
<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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Date</span> <span>Signature of Designer</span> </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 authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.