

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"/> 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 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.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Sewage system installer			
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?			
<input type="checkbox"/> Yes (Continue to Section C)		<input type="checkbox"/> No (Continue to Section E)	<input type="checkbox"/> Installer unknown at time of application (Continue to Section E)
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
D. Qualified supervisor information (where answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p><input type="checkbox"/> I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;</p> <p><u>OR</u></p> <p><input type="checkbox"/> I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.</p> <p>I certify that:</p> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="text-align: center;">Date Signature of applicant</p>			



Schedule "B"

THE CORPORATION OF THE TOWN OF NEWMARKET
APPLICATION FOR A PERMIT TO CONSTRUCT OR DEMOLISH

Project Address:	Permit #:
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Builder / Contractor (if known)	
Name/ Company:	License No.:
Address:	Phone:

Plumbing Contractor (if known)	
Name/ Company:	License No.:
Address:	Phone:

Drain Contractor (if known)	
Name/ Company:	License No.:
Address:	Phone:

PERMIT TYPE	IF DRAINS
() Plumbing () Drains () Both	() Inside () Outside () Both

FIXTURES		
Quantity	Quantity	Quantity
W.C. (toilets):	Kitchen Sinks:	Floor/Area/Hub Drains:
Bath Tubs:	Wash Basins:	Water Tanks/Heaters:
Shower Stalls:	Bar Sinks:	Back Flow Prev.:
Bidets:	Laundry Tubs:	Interceptors:
Urinals:	Hose Bibs:	Bsmt. Rough-in:
	Janitors Sink/Slop Sink:	
Office Use: \$		

OFFICE USE ONLY
Building Permit Admin Fee:
Building Permit Fee:
Plumbing Fee:
TOTAL 1:

COMMERCIAL	QTY
Manholes	
Catch Basins	
Rain Water Hoppers	
Area Drains	
Other:	

RESIDENTIAL	QTY
Water Service	
Sanitary Drain	
Storm Drain	
Conversion	
Office Use \$	

COMMERCIAL			
Complies with qty.	Water Service	Sanitary Drains	Storm Drains
50mm (2") or less			
100mm (4")			
150mm (6")			
200mm (8")			
250mm (10")			
300mm (12")			
List each size greater than 300mm (12")			
Other (specify):			
Office use \$			

ADDITIONAL FEES
Building Permit Fee:
Plumbing Fee:
TOTAL 2:

Planning & Building Services

TOWN OF NEWMARKET
395 Mulock Drive
Newmarket, ON L3Y 8P3

www.newmarket.ca
buildings@newmarket.ca

905-953-5300 ext. 2400

February, 2012

Refund Policy

Excerpt from Corporation of the Town of Newmarket Building By-Law 2009-101, Schedule "A"

6. Refunds

Pursuant to Part 5 of this By-law, the fees that may be refunded shall be a percentage of the fees payable under this By-law, calculated by the Chief Building Official as follows:

- a) 90 percent if administrative functions only have been performed;
- b) 80 percent if administrative and zoning functions only have been performed;
- c) 60 percent if administrative, zoning and plan examination functions have been performed;
- d) 50 percent if the permit has been issued and no field inspections have been performed subsequent to permit issuance.
- e) a **\$60.00** fee for each field inspection that has been performed after the permit has been issued will be deducted from all refunds.
- f) If the calculated refund is less than the minimum fee applicable to the work, no refund shall be made of the fees paid.

Important Contact Information

- Lake Simcoe Region Conservation Authority 905-895-1281
 - 120 Bayview Pkwy., Newmarket
- Electrical Safety Authority (ESA) 1-877-372-7233
 - www.esasafe.com
- Ontario One Call 1-800-400-2255
 - www.on1call.com
- York Region - Health Connection 1-800-361-5653
 - 465 Davis Dr. Ste. 240, Tannery Mall, Newmarket
- Land Registry Office 905-713-7798
 - 50 Bloomington St. West, Aurora

Planning & Building Services

TOWN OF NEWMARKET
395 Mulock Drive
P.O. Box 328
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