



Permit Application Work Sheet

Project: _____ Permit No.: _____ Roll No.: _____

Address _____

Date of application _____ 2nd _____ 3rd _____ 4th _____

The following documents must be provided with your completed permit application. To ensure that the permit can be processed as efficiently as possible, the application will not be accepted if any documents are missing or incomplete. For further clarification, reference can be made to the Building Code Act.

All fields of application are filled in Yes No Reason _____

DESIGNER SHEET	YES	NO	Schedule 1	Commitment of Review
Design by Owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualified Designer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professional designer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing/Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Incomplete drawings create long delays in obtaining a building permit. Please ensure that all the drawings provide sufficient detail to allow the design to be assessed for compliance with the Building Code Act and Ontario Building Code. [BCA S. 1.1(2)] Drawings must be to scale and accurately dimensioned. Below is a check list to help ensure that the drawings are complete.

DRAWINGS	YES	NO	REASON
Site Plan to Scale x2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
House Drawings (rooms labeled) x2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbing Drawings x2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HVAC Design and Drawings x2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation plans detailing all footings and foundations with any reinforcing details	<input type="checkbox"/>	<input type="checkbox"/>	
Cross section detailing all building elements, identify the air barrier	<input type="checkbox"/>	<input type="checkbox"/>	
Engineered product layout and design	<input type="checkbox"/>	<input type="checkbox"/>	
Building elevation drawings	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Information	<input type="checkbox"/>	<input type="checkbox"/>	
ICF Information	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER REQUIRED DOCUMENTS	YES	NO	REASON
Deed or survey	<input type="checkbox"/>	<input type="checkbox"/>	
Entrance permit	<input type="checkbox"/>	<input type="checkbox"/>	
W/S/Sewage Permit (Permit No.: _____)	<input type="checkbox"/>	<input type="checkbox"/>	
Zoning Compliance	<input type="checkbox"/>	<input type="checkbox"/>	
Site Plan Control applies	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance with other Applicable Law	<input type="checkbox"/>	<input type="checkbox"/>	
Fees @ \$10 per \$1000 of construction value 10 x _____ = _____			