



## PERMIT APPLICATION CHECKLIST - NEW RESIDENTIAL CONSTRUCTION

### *Single Detached, Semi Detached Duplex and Row Houses*

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

1. Application for Permit to Construct or Demolish Form
2. Schedule 1: Designer Information Form
3. schedule 2: Sewage System Installer Information (if applicable)
4. SB-12 Energy Efficiency Design Summary Form
5. Approval documents required by an applicable law.
6. Building Permit Authorization Form (if applicable) - Required if someone other than the property owner is the permit applicant.

**\* All forms listed above can be found at [www.southdundas.com](http://www.southdundas.com)**

#### Information required to be included as part of the Permit Application

1. Site Plan illustrating information such as, but not limited to, the following:
  - Property lines and property dimensions
  - Existing and proposed lot grading and drainage (see Note #1 below)
  - Location and dimensions of proposed and existing buildings and structures and their respective setbacks from property lines
  - Location of and distances of municipal drains
  - On-site sewage system location and clearance distances
  - Existing and proposed entrances, Municipal roadway and driveway location
  - North arrow
2. Foundation Plan and Floor Plan(s)
3. Floor Framing and Roof Framing Plan or pre-engineered layouts by manufacturer
4. Cross-Section(s)- indicate Floor, Wall and Roof Assemblies
5. Building Elevations
6. Residential Mechanical Ventilation Design Summary
7. Heating/Cooling load calculations (where applicable)
8. On-Site Sewage System Permit Approval by South Nation Conservation Authority
9. Entranceway permit application (See Note #2 below)
10. Proof of Ownership



**Two sets 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 must provide sufficient information that describes the extent of the proposed work.**

**Note # 1**

If a property is located within an Urban or Rural Settlement area or on a property that is 0.4 hectares (1 acre) or less in size, a grading and drainage plan prepared by a qualified professional must be submitted and approved by the Chief Building Official.

**Note # 2**

If you require a new entrance for the property, you must complete and submit an Entranceway Permit Application (available at [www.southdundas.com](http://www.southdundas.com)). If the property is located on a County Road the entranceway permit must be obtained from the Counties of S.D.G. and a copy of the permit is to be submitted with your building permit application.

**Conclusion**

This form summarizes the minimum requirements to be submitted, as part of a permit application, in accordance with the Building Code Act and the Municipality of South Dundas Building By-Laws. 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 Ontario 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*

|   |   |  |                                     |   |
|---|---|--|-------------------------------------|---|
| <b>For use by Principal Authority</b>   |   |  |                                     |   |
| Application number:   |   | Permit number (if different):              |                                     |   |
| Date received:  |   | Roll number:                               |                                     |   |
| Application submitted to: _____<br>(Name of municipality, upper-tier municipality, board of health or conservation authority) |   |  |                                     |   |
| <b>A. Project information</b>   |   |  |                                     |   |
| 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>B. Purpose of application</b>  |   |  |                                     |   |
| <input type="checkbox"/> New construction   | <input type="checkbox"/> Addition to an existing building | <input type="checkbox"/> Alteration/repair | <input type="checkbox"/> Demolition | <input type="checkbox"/> Conditional Permit |
| Proposed use of building  |   | Current use of building                    |                                     |   |
| Description of proposed work  |   |  |                                     |   |
| <b>C. Applicant</b> 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                                |                                     |   |
| <b>D. Owner (if different from applicant)</b>   |   |  |                                     |   |
| 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.  |  |                        | <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): _____   |  |                        |                              |  |
| <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).<br>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                |
| <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.

## 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<br><input type="checkbox"/> Small Buildings<br><input type="checkbox"/> Large Buildings<br><input type="checkbox"/> Complex Buildings  |             | <input type="checkbox"/> HVAC – House<br><input type="checkbox"/> Building Services<br><input type="checkbox"/> Detection, Lighting and Power<br><input type="checkbox"/> Fire Protection |             | <input type="checkbox"/> Building Structural<br><input type="checkbox"/> Plumbing – House<br><input type="checkbox"/> Plumbing – All Buildings<br><input type="checkbox"/> On-site Sewage Systems |
| Description of designer's work  |             |   |             |   |
| <b>D. Declaration of Designer</b>   |             |   |             |   |
| I _____ declare that (choose one as appropriate):<br><div style="text-align: center;">(print name)</div> <p>             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>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>             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>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</p> |             |   |             |   |
| I certify that: <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>  |             |   |             |   |
| 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 2: Sewage System Installer Information

|  |             |   |          |
|--|-------------|---|----------|
| <b>A. Project Information</b>  |             |   |          |
| Building number, street name   |             | Unit number   | Lot/con. |
| Municipality   | Postal code | Plan number/ other description  |          |
| <b>B. Sewage system installer</b>  |             |   |          |
| 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) |          |
| <b>C. Registered installer information (where answer to B is "Yes")</b>  |             |   |          |
| Name   |             | BCIN  |          |
| Street address   |             | Unit number   | Lot/con. |
| Municipality   | Postal code | Province  | E-mail   |
| Telephone number   | Fax         | Cell number   |          |
| <b>D. Qualified supervisor information (where answer to section B is "Yes")</b>  |             |   |          |
| Name of qualified supervisor(s)  |             | Building Code Identification Number (BCIN)  |          |
|  |             |   |          |
| <b>E. Declaration of Applicant:</b>  |             |   |          |
| <p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p>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>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> <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. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>_____</p> <p>Date</p> </div> <div style="width: 60%;"> <p>_____</p> <p>Signature of applicant</p> </div> </div> |             |   |          |

# Energy Efficiency Design Summary

(Part 9 Residential)

This form to be completed & signed by the person who reviews and takes responsibility for the energy efficiency design of the project  
Information on completing this form is contained on the reverse

| For use by Principal Authority |                            |
|--------------------------------|----------------------------|
| Application No:                | Model/Certification Number |

## A. Project Information

|                              |             |                                      |         |
|------------------------------|-------------|--------------------------------------|---------|
| Building number, street name |             | Unit number                          | Lot/Con |
| Municipality                 | Postal code | Reg. Plan number / other description |         |

## B. Compliance Option

|   |   |          |
|---|---|----------|
| <input type="checkbox"/> <i>SB-12 Prescriptive</i> [SB-12 - 2.1.1.] | Table:  | Package: |
| <input type="checkbox"/> <i>SB-12 Performance*</i> [SB-12 - 2.1.2.] | * Attach energy performance calculations using an approved software   |          |
| <input type="checkbox"/> <i>Energy Star®*</i> [SB-12 - 2.1.3.]      | * Attach BOP form. House must be labeled on completion by Energy Star |          |
| <input type="checkbox"/> <i>EnerGuide 80®*</i>                      | * House must be evaluated by NRCAN advisor and meet a rating of 80    |          |

## C. Project Design Conditions

|  |   |  |
|--|---|--|
| <b>Climatic Zone (SB-1):</b>                         | <b>Heating Equipment Efficiency</b>       | <b>Space Heating Fuel Source</b>   |
| <input type="checkbox"/> Zone 1 (< 5000 degree days) | <input type="checkbox"/> ≥ 90% AFUE       | <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Solid Fuel                      |
| <input type="checkbox"/> Zone 2 (≥ 5000 degree days) | <input type="checkbox"/> ≥ 78% < 90% AFUE | <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Earth Energy                   |
| <b>Windows+Skylights+Glass Doors</b>                 |   | <b>Other Building Conditions</b>   |
| Gross Wall Area = m <sup>2</sup>                     | % Windows+ _____ %                        | <input type="checkbox"/> ICF Basement <input type="checkbox"/> Walkout Basement <input type="checkbox"/> Log/Post&Beam |
| Gross Window+ Area = m <sup>2</sup>                  |   | <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> Slab-on-ground                                       |

## D. Building Specifications

| Building Component                       | RSI / R values | Building Component   | Efficiency Ratings |
|--|----------------|--|--------------------|
| <b>Thermal Insulation</b>                |                | <b>Windows &amp; Doors<sup>1</sup></b>   |                    |
| Ceiling with Attic Space                 |                | Windows/Sliding Glass Doors  |                    |
| Ceiling without Attic Space              |                | Skylights  |                    |
| Exposed Floor                            |                | <b>Mechanicals</b>   |                    |
| Walls Above Grade                        |                | Space Heating Equip. <sup>2</sup>  |                    |
| Basement Walls                           |                | HRV Efficiency (%)   |                    |
| Slab (all >600mm below grade)            |                | DHW Heater (EF)  |                    |
| Slab (edge only ≤600mm below grade)      |                | NOTES<br>1. Provide U-Value in W/m2.K, or ER rating<br>2. Provide AFUE or indicate if condensing type combined system used |                    |
| Slab (all ≤600mm below grade, or heated) |                |  |                    |

## E. Performance Design Verification [complete applicable sections if SB-12 Performance, Energy Star or EnerGuide80 options used]

|  |                                    |
|--|------------------------------------|
| <b>SB-12 Performance:</b>  |                                    |
| The annual energy consumption using Subsection 2.1.1. SB-12 Package _____ is _____ Gj (1 Gj =1000MJ) |                                    |
| The annual energy consumption of this house as designed is _____ Gj                                  |                                    |
| The software used to simulate the annual energy use of the building is: _____                        |                                    |
| The building is being designed using an air leakage of _____ air changes per hour @50Pa.             |                                    |
| <b>Energy Star:</b> BOP form attached. The house will be labeled on completion by:                   |                                    |
| <b>Energy Star and EnerGuide80:</b>  |                                    |
| Evaluator/Advisor/Rater Name:  | Evaluator/Advisor/Rater Licence #: |

## F. Declaration [by the person who reviews and takes responsibility for the energy efficiency design]

|   |           |       |
|---|-----------|-------|
| I certify that I have reviewed the design documents submitted with the permit application, that the information contained on this form is consistent with the design documents, and that information used in any annual energy use calculations, if applicable, is a true representation of the design documents. |           |       |
| Name  | Signature | Date: |
|   |           |       |

## Guide to the Energy Efficiency Design Summary Form

The *Energy Efficiency Design Summary* form summarizes the compliance path used by a house designer to comply with energy efficiency requirements of the Ontario Building Code. This form is completed by the person responsible for the energy efficiency design of the project, and must be submitted with the building permit application. The information on this form **MUST** reflect the drawings and specifications being submitted, or the building permit will be refused. Refer to Supplementary Standard SB-12 for details about building code compliance requirements. Further information about energy efficiency requirements for new buildings is available from the provincial building code website at [www.mah.gov.on.ca](http://www.mah.gov.on.ca), or the municipal building department.

Beginning January 1, 2012, a house designer must use one of four energy efficiency compliance options in the building code:

1. Comply with the SB-12 Prescriptive design tables,
2. Use the SB-12 Performance compliance method, and model the design against the prescriptive standards,
3. Design to Energy Star standards, or
4. Evaluate the design according to EnerGuide technical procedures and achieve a rating of 80 or more.

### COMPLETING THE FORM

#### B. Compliance Options

Indicate the compliance option being used.

- SB-12 Prescriptive requires that the building conforms to a package of thermal insulation, window and mechanical system efficiency requirements set out in Subsection 2.1.1. of SB-12. Energy efficiency design modeling and testing of the building is not required under this option.
- SB-12 Performance refers to the alternative method of compliance set out in Subsection 2.1.2. of SB-12. Using this approach the designer must use recognized energy simulation software (HOT2000 V9.34c1.2 or newer), and submit documents which show that the annual energy use of the building is equal to a prescriptive package.
- Energy Star houses must be designed to *Energy Star* requirements and be labelled on completion by Enerquality or other agency. The *Energy Star* BOP form must be submitted with the permit documents.
- EnerGuide80 houses are validated by NRCan authorized energy advisors and must achieve a rating of 80 or more when evaluated in accordance with *EnerGuide* administrative and technical procedures.

#### C. Project Design Conditions

*Climatic Zone:* The number of degree days for Ontario cities is contained in Supplementary Standard SB-1  
*Windows, Skylights and Glass Doors:* If the ratio of the total gross area of windows, sidelights, skylights and glass doors to the total gross area of walls is more than 17%, higher efficiency glazing is required. If the ratio is more than 22% the SB-12 Prescriptive option may not be used. The total area is the sum of all the structural rough openings. Some exceptions apply. Refer to 2.1.1.1. of SB-12 for further details.

*Fuel Source and Heating Equipment Efficiency:* The fuel source and efficiency of the proposed heating equipment must be specified in order to determine which SB-12 Prescriptive compliance package table applies.

*Other Building Conditions:* These construction conditions affect SB-12 Prescriptive compliance requirements.

#### D. Building Specifications

*Thermal Insulation:* Indicate the RSI or R-value being proposed where they apply to the house design. Under the SB-12 Prescriptive option, RSI 3.52 wall insulation is permitted in certain conditions where other design elements meet higher standards. Refer to SB-12 for further details.

#### E. Performance Design Summary

This section is not required to be completed if the SB-12 Prescriptive option is being used.

### AIRTIGHTNESS REQUIREMENTS FOR NEW HOUSES

All houses must comply with increased air barrier requirements in the building code. Notice of air barrier completion must be provided and an inspection conducted prior to it being covered. A blower door test to verify the air tightness of the house must be conducted during construction if the *NRCan EnerGuide80* option is used, or if the SB-12 Performance or Energy Star options are used and an air tightness of less than 2.5 ACH @ 50 Pa in the case of detached houses, or 3.0 ACH @ 50 Pa in the case of attached houses is necessary to meet the required energy efficiency standard.

### ENERGY EFFICIENCY LABELING FOR NEW HOUSES

*Energy Star* and *EnerGuide* issue labels for new homes constructed under their energy efficiency programs. The building code does not regulate new home labelling.



**RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY**

for design and performance of residential ventilation systems to OBC 2012 - 9.32

|  |  |
|--|--|
| <b>1. Location</b> Municipality: _____<br>Civic Address: _____   | <b>10. TVC System</b><br><input type="checkbox"/> HRV/ERV <input type="checkbox"/> Central Exhaust <input type="checkbox"/> Multiple Fans  |
| <b>2. Builder</b> Name: _____<br>Address: _____<br>City: _____ Postal Code: _____<br>Ph: _____ Fax: _____  | <b>11. Principal Ventilation Capacity (PVC)</b><br>Master Bedroom _____ @ 30 CFM (15 L/s) _____ CFM<br>Other Bedrooms _____ @ 15 CFM (7.5 L/s) _____ CFM<br>Total Principal Ventilation Capacity (PVC) _____ CFM   |
| <b>3. Designer</b> Name: _____<br>Address: _____<br>City: _____ Postal Code: _____<br>Ph: _____ Fax: _____<br>Designer BCIN: _____ HRAI #: _____<br>Firm BCIN: _____<br>E-mail: _____  | <b>12. Principal Ventilation Fan</b><br>Location: _____<br>Manufacturer: _____<br>Model: _____ <input type="checkbox"/> HVI Rated<br>Rated Airflow: Low: _____ CFM High: _____ CFM<br>Sones: _____ E.S.P.: _____ " w.c.<br>_____ % Sensible Efficiency @ 0 C° _____ CFM<br>_____ % Sensible Efficiency @ -25 C° _____ CFM<br>(If HRV/ERV was used, the system must also comply with SB-12) |
| <b>4. Heating Systems</b> <input type="checkbox"/> Forced Air <input type="checkbox"/> Non-Forced Air<br><hr/> <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other<br><input type="checkbox"/> Oil <input type="checkbox"/> Electricity   | <b>13. Supplemental Exhaust Fan Capacity (SEF)</b><br>Required Total Ventilation Capacity _____ CFM<br>Rated Principal Ventilation Capacity _____ CFM<br>Required Supplemental Ventilation Capacity _____ CFM  |
| <b>5. House Style</b> <input type="checkbox"/> One Dwelling Unit <input type="checkbox"/> House with Two Dwelling Units<br><hr/> Ventilation System: <input type="checkbox"/> Shared <input type="checkbox"/> Dedicated  | <b>14. Additional Equipment</b><br>Location: _____ Sones: _____<br>Manufacturer: _____ <input type="checkbox"/> HVI Rated<br>Model: _____ <input type="checkbox"/> TVC<br>Rated Airflow: _____ CFM ESP: _____ " w.c.   |
| <b>6. Combustion Appliances</b><br><input type="checkbox"/> a) Direct Vent <input type="checkbox"/> b) Induced Draft<br><input type="checkbox"/> c) Natural Draft <input type="checkbox"/> d) Solid Fuel Appliances<br><input type="checkbox"/> e) No Combustion Appliances  | Location: _____ Sones: _____<br>Manufacturer: _____ <input type="checkbox"/> HVI Rated<br>Model: _____ <input type="checkbox"/> TVC<br>Rated Airflow: _____ CFM ESP: _____ " w.c.  |
| <b>7. Type of House</b><br><input type="checkbox"/> Type 1: a) or b) type appliances only<br><input type="checkbox"/> Type 2: a) or b) type appliances with a d) type appliance<br><input type="checkbox"/> Type 3: any type c) appliance = part 6 design<br><input type="checkbox"/> Type 4: electric space heat (same as Type 1) | Location: _____ Sones: _____<br>Manufacturer: _____ <input type="checkbox"/> HVI Rated<br>Model: _____ <input type="checkbox"/> TVC<br>Rated Airflow: _____ CFM ESP: _____ " w.c.  |
| <b>8. System Design Option</b><br><input type="checkbox"/> Exhaust only forced air system (coupled to forced air)<br><input type="checkbox"/> HRV/ERV with extended exhaust or simplified (coupled to forced air)<br><input type="checkbox"/> HRV/ERV full ducting (not coupled to forced air)                                     | Location: _____ Sones: _____<br>Manufacturer: _____ <input type="checkbox"/> HVI Rated<br>Model: _____ <input type="checkbox"/> TVC<br>Rated Airflow: _____ CFM ESP: _____ " w.c.  |
| <b>9. Total Ventilation Capacity (TVC)</b><br>Bsmt & Master Bedroom _____ @ 20 CFM (10 L/s) _____ CFM<br>Other Bedrooms _____ @ 10 CFM (5 L/s) _____ CFM<br>Bathrooms & Kitchen _____ @ 10 CFM (5 L/s) _____ CFM<br>Other Habitable Rooms _____ @ 10 CFM (5 L/s) _____ CFM<br>Total Ventilation Capacity (TVC) _____ CFM           | <b>15. Designer Consent</b><br>I _____ certify this ventilation system is designed to be in accordance with OBC-2012 9.32<br>Date: _____ Signature: _____  |

Conversion note: 1 L/s = 2 CFM (For hard conversion, use 1 L/s = 2.118 CFM)



## Municipality of South Dundas

34 Ottawa Street, PO Box 740, Morrisburg ON K0C 1X0

Tel: 613-543-2673 Fax: 613-543-1076 e-mail: mail@southdundas.com

### ENTRANCE APPLICATION

NAME OF PROPERTY OWNER(S): \_\_\_\_\_

NAME OF APPLICANT/AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

#### LOCATION

CONCESSION \_\_\_\_\_ LOT \_\_\_\_\_ HOUSE # \_\_\_\_\_

ROAD NAME \_\_\_\_\_ ON THE \_\_\_\_\_ SIDE OF THE ROAD

#### PURPOSE OF APPLICATION

THIS APPLICATION IS FOR: 1) NEW ENTRANCE \_\_\_\_\_  
2) ALTERATION/CHANGE TO EXISTING ENTRANCE \_\_\_\_\_

CLASSIFICATION OF ENTRANCE RESIDENTIAL \_\_\_\_\_  
COMMERCIAL \_\_\_\_\_  
AGRICULTURAL \_\_\_\_\_

#### CONTRACTOR

WORK PERFORMED ON THE ENTRANCE WILL BE DONE BY:

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ENTRANCE APPLICATION FEE PAYABLE TO THE *MUNICIPALITY OF SOUTH DUNDAS* SHALL ACCOMPANY THIS APPLICATION (REFUNDABLE SHOULD THE APPLICATION BE DENIED).

I/WE HEREBY APPLY TO THE \_\_\_\_\_ OF THE MUNICIPALITY OF SOUTH DUNDAS FOR PERMISSION TO CONSTRUCT/ALTER/CHANGE THE USE OF THE ENTRANCE DESCRIBED ABOVE AND DO HEREBY AGREE TO CONFORM TO THE CONDITIONS AND SPECIFICATIONS AS OUTLINED ON THE ENTRANCE PERMIT, INCLUDING #7 & 9:

7. THE OWNER/APPLICANT MUST NOTIFY AUTHORIZED MUNICIPALITY PERSONNEL TWO WORKING DAYS IN ADVANCE OF COMMENCEMENT. ALL WORK IN PROGRESS MUST BE INSPECTED AND APPROVED BY TOWNSHIP PERSONNEL.
9. UPON COMPLETION OF WORK OWNER/APPLICANT MUST NOTIFY PUBLIC WORKS MANAGER FOR FINAL INSPECTION & APPROVAL.

DATED \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NOTE: THIS IS NOT A PERMIT. WORK MUST NOT BEGIN BEFORE A PERMIT HAS BEEN ISSUED BY THE MUNICIPALITY.





**DEPARTMENT OF TRANSPORTATION  
AND PLANNING SERVICES**

26 Pitt Street, Suite 223, Cornwall, Ontario K6J 3P2

Tel: 613-932-1515 Ext. 208 • Fax: 613-936-2913 • Email [permits@sdgcounties.ca](mailto:permits@sdgcounties.ca) • [www.sdgcounties.ca](http://www.sdgcounties.ca)

**APPLICATION FOR ENTRANCEWAY**

Please return this application with a cheque in the amount of \$150.00 made payable to  
**THE UNITED COUNTIES OF STORMONT, DUNDAS & GLENGARRY.** (Refundable should the application be denied.)  
Please indicate Severance Application if applicable:

|                         |               |
|-------------------------|---------------|
| <b>APPLICANT:</b>       |               |
| <b>MAILING ADDRESS:</b> |               |
| <b>PHONE:</b>           | <b>FAX:</b>   |
| <b>CELL:</b>            | <b>EMAIL:</b> |
| <b>CONTACT:</b>         |               |

COUNTY ROAD #: \_\_\_\_\_ SIDE OF ROAD: \_\_\_\_\_ FORMER TOWNSHIP: \_\_\_\_\_

LOT(S): \_\_\_\_\_ CONCESSION: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

SPECIFICALLY \_\_\_\_\_ METRES N / S / E / W OF \_\_\_\_\_ CIVIC NO.: \_\_\_\_\_  
(circle one) (prominent feature: closest intersection, utility pole, civic number, Bell pedestal number)

AREA MARKED BY A STAKE / PAINT: YES ☐ NO ☐

Will entranceway be paved in the future: YES ☐ NO ☐

**PURPOSE OF APPLICATION**

- ☐ A new entranceway    ☐ An alteration or addition to an existing entranceway    ☐ Reclassification of entranceway  
☐ Relocation of existing entrance (this is classified as **new** which will require new pipe)

**CLASSIFICATION OF ENTRANCEWAY**

- ☐ Residential    ☐ Agricultural - (☐ Farm or ☐ Field)    ☐ Commercial (including Bell, Hydro or Gas)    ☐ Temporary  
☐ Reclassification – From: \_\_\_\_\_ To: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**PLEASE HAVE YOUR CONTRACTOR PROVIDE PROOF OF INSURANCE - MINIMUM COVERAGE OF \$2,000,000 – COMMERCIAL GENERAL LIABILITY. A PERMIT WILL NOT BE ISSUED UNTIL OUR OFFICE RECEIVES PROOF OF COVERAGE.**

**PROPOSED WORK WILL BE CONSTRUCTED BY THE FOLLOWING CONTRACTOR:**

**NAME:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**TELEPHONE/CELL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

I/We hereby apply to the Corporation of the United Counties of Stormont, Dundas & Glengarry for permission to construct, alter, change the use of the entranceway described above and do hereby agree to conform to the Counties' conditions, standards and specifications governing entranceways.

**I DECLARE THAT I UNDERSTAND THE CONTENTS OF THE ATTACHED COPY OF BY-LAW 5122:**

**SIGNATURE** \_\_\_\_\_

**DATED** \_\_\_\_\_



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AND PLANNING SERVICES**

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STORMONT • DUNDAS • GLENGARRY

Tel: 613-932-1515, Ext. 3 • Fax: 613-936-2913 • [www.sdgcounties.ca](http://www.sdgcounties.ca)

**PLEASE INCLUDE AND SUBMIT WITH COMPLETED APPLICATION  
VEUILLEZ INCLURE ET SOUMETTRE AVEC VOTRE DEMANDE COMPLÉTÉE**

Company/Entreprise (if/si applicable) : \_\_\_\_\_

Name/Nom: \_\_\_\_\_

Permit Requested/Permis exigé: \_\_\_\_\_

☐ Visa

☐ MasterCard

☐ Amex

Card Number:

Numéro de la carte:

Expiry/Date d'échéance:   /

Security Code/Code de sécurité: \_\_\_\_\_

(3 digits on back of card)

(3 chiffres à l'envers de la carte)

Amount/Montant: \_\_\_\_\_

Cardholder Name:

Nom du (de la) détenteur (détentrice) de la carte: \_\_\_\_\_

Cardholder Signature:

Signature du (de la) détenteur (détentrice) de la carte: \_\_\_\_\_

Telephone/Téléphone:    -    -

**Note:** Amount to be paid is noted on application form

Le montant à payer est noté sur le formulaire de demande





**MUNICIPALITY OF SOUTH DUNDAS**

34 Ottawa Street, P.O. Box 740  
Morrisburg ON K0C 1X0  
613.543.2673 | southdundas.com

**Building Permit Authorization Form**

Property, Civic Number: \_\_\_\_\_ Road/Street Name: \_\_\_\_\_

Legal Description (Lot, Con./Plan) \_\_\_\_\_

Roll Number: \_\_\_\_\_

Proposed Construction Project: \_\_\_\_\_

Authorization: If the applicant/contractor is not the owner of the land that is the subject of this building permit application, the written authorization of the owner(s) that the applicant/ contractor is authorized to make this building permit application and obtain the building permit on their behalf as set out below, must be completed by the **Registered Owner(s)**

I/We, \_\_\_\_\_ being the Registered Owner(s) of the land(s) that are subject to this building permit Application, hereby authorize \_\_\_\_\_, to prepare and submit this application and act as my/our agent on my/ our behalf.

Date: \_\_\_\_\_

Signature of Registered Owner(s) \_\_\_\_\_  
\_\_\_\_\_



**MUNICIPALITY OF SOUTH DUNDAS**

34 Ottawa Street, P.O. Box 740  
Morrisburg ON K0C 1X0  
613.543.2673 | southdundas.com

**OWNER, BUILDER/CONTRACTOR**

**WATER METER REQUIREMENTS**

**PRIOR TO THE ISSUANCE OF A BUILDING PERMIT**

1. Water meters (Cost Recovery-See Treasury) and the connection fee for water and or sewer must be paid for prior to the issuance of a building permit.
  - a. Morrisburg and Iroquois Water - \$5,000.00
  - b. Morrisburg and Iroquois Sewer - \$5,000.00
  - c. Williamsburg Sewer - \$2,500.00
2. The Municipality of South Dundas (Water/Sewer Department) must be given 2 (two) working days' notice when you wish to have your water turned on (613) 543-2673 or fax (613) 543-1076. On verification of the plumbing inspection and meter installation we will then turn the water on.
3. The Municipal water supply may **ONLY** be turned on by the Municipality.
4. The Municipality will **ONLY** turn the water on if a meter is installed.
5. We will then notify Rideau St. Lawrence that the water has been turned on.

**NOTE:**

**Water and Sewer billing starts when the water is initially turned on!**