



Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority				
Application number:		Permit number (if different):		
Date received:		Roll number:		
Application submitted to: <u>Township of Selwyn</u>				
A. Project information				
Building number, street name			Unit number	Lot/con.
Municipality	Postal code	Plan number/other description		
Project value est. \$		Area of work (ft ²)		
B. Purpose of application				
<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				
C. Applicant				
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 ()	
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	
Street address			Unit number	Lot/con.
Municipality		Postal code	Province	Municipality
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				
<p>I _____ declare that:</p> <p>(print name)</p> <p>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.</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>Date Signature of applicant</p>				

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.

Contractor Information

Authorization of Property Owner

I, _____ the undersigned, being the owner of the subject lands, hereby, authorize _____ to be the applicant in the submission of this application.

Date

Signature of Owner

General Contractor: _____

Tel# _____ Cell# _____

Address: _____

Foundation Contractor: _____

Tel# _____ Cell# _____

Framing Contractor: _____

Tel# _____ Cell# _____

Plumbing Contractor: _____

Tel# _____ Cell# _____

Heating Contractor: _____

Tel# _____ Cell# _____

Architect: _____

Tel# _____ Cell# _____

Engineer: _____

Tel# _____ Cell# _____



Mailing Address
PO Box 270 Bridgenorth
Ontario K0L 1H0

Tel: 705 292 9507
Fax: 705 292 8964

www.selwyntownship.ca

Demolition Permit Application Checklist

This is not an application for demolition;
however, this documents must be
submitted with an application

Address of Building Demolition: _____

Building Area: _____ No. of Storeys: _____ Date of Demolition: _____

The owner shall notify and advise agencies such as Ontario One Call, County and /or Municipal Roads Department, Otonabee Conservation Authority and the Fire Department of their intent to demolish:

The Owner/Applicant shall bare the full responsibility to ensure all utilities in/to the above building have been disconnected prior to commencing demolition (minimum of 5 working days' notice).

If any building, to be demolished, is using propane gas (rural areas), the **Owner** shall also contact such company to disconnect tanks.

All waste materials generated from a demolition site shall be deposited at a waste site certified by the Ministry of Environment. This does not apply to inert fill, meaning earth, rock or waste of a similar nature, such as broken concrete, cement blocks and bricks that contain no putrescible, soluble or decomposable materials. The local District Office of the Ministry of Environment should be advised of sites chosen for disposal of inert fill.

If material is proposed to be disposed of at the Selwyn Landfill – It is your responsibility to ensure that 24 hours notice is provided and that any payment arrangements are made prior to arrival.

Call 705-292-9507 ext. 236 (Public Works).

Applicant: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Hauler Information

☐ Same as above

Name: _____

Address: _____

**Disposal Information**

Category of Waste: (Select One)	<input type="checkbox"/>	Pre-approved	Including but not limited to C&D from Non-Industrial Sources, IC&I similar to curbside, yard waste from residential properties.
	<input type="checkbox"/>	Requiring written approval	Including but not limited to, Waste from Medical Facility, C&D from an Industrial Source (non-contaminated), Empty Containers/Drums.
	<input type="checkbox"/>	Requiring testing and written approval	Including but not limited to Industrial process wastes (sands, grindings, slags, sludge's, tailings, by-products of production), Railway Ties & Utility Poles, Excavated Wastes, Waste from a Waste Treatment Plant.
Tonnage to be Disposed: _____		Frequency of Disposal: _____	
Is this waste a "solid, non-hazardous waste" as defined by O.Reg 347?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this waste subject to the "Land Disposal Restrictions" under O.Reg 347?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this waste been mixed with or derived from a hazardous waste per O.Reg 347?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this waste been treated so that it is now a solid non-hazardous waste?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Intended Use of Waste Material:			Daily Cover <input type="checkbox"/> Waste <input type="checkbox"/>

Waste Acceptance Agreement

The customer understands and acknowledges that the waste material must be completely described and chemically characterized so that the waste can be handled properly and safely. The customer understands and acknowledges that the failure to properly describe the waste material could result in the need for the Township to incur expenses (e.g. administrative, professional, legal, regulatory penalties, fines, orders) in order to properly dispose of the waste and to comply with the applicable legislation. The customer agrees to indemnify the Township for all costs that arise from the misrepresentation of the waste material.

I hereby certify that the waste material to be deposited at the landfill site meets Ontario Regulation 347 (558/00) criteria as a solid, non-hazardous waste and that this waste was generated within the Township.

Note: the Medical Officer of Health and the Minister of the Environment may be consulted by the Chief Building Official to confirm compliance with applicable law.

Applicant's Declaration

I, _____, do hereby declare:

(confirm the following by checking)

- ☐ That I am the owner/authorized agent of the owner named in the above application for a permit.
- ☐ That the information supplied by me is the application and in the materials filed by me with the application is correct.
- ☐ That I have arranged/will arrange with the proper authorities for the termination and capping of all services.

And hereby certify conscientiously believing the above is correct.

Applicant's Signature

Date

Municipal Act, 2001

Cancellation, reduction, refund of taxes

357. (1) Upon application to the treasurer of a local municipality made in accordance with this section, the local municipality may cancel, reduce or refund all or part of taxes levied on land in the year in respect of which the application is made if,

- (d) during the year or during the preceding year after the return of the assessment roll, a building on the land,
- (i) was razed by fire, demolition or otherwise, or
- (ii) was damaged by fire, demolition or otherwise so as to render it substantially unusable for the purposes for which it was used immediately prior to the damage;

Application

- (2) An application may only be made by the owner of the land or by another person who,
- (a) has an interest in the land as shown on the records of the appropriate land registry office and the sheriff's office;
 - (b) is a tenant, occupant or other person in possession of the land; or
 - (c) is the spouse of the owner or other person described in clause (a) or (b). 2001, c. 25, s. 357 (2); 2005, c. 5, s. 44 (6).

Timing

(3) An application under this section must be filed with the treasurer on or before February 28 of the year following the year in respect of which the application is made. 2001, c. 25, s. 357 (3).

Confirmation of Eligibility

Please check all boxes that apply:

- ☐ Structure has been demolished
- ☐ You are an owner, occupant, or spouse of an owner or occupant (see 357 (2))
- ☐ It is not past February 28 of the year following the demolition

If you have checked all 3 boxes, please complete the attached application. Once complete, please return to the Finance Department. Completed applications will be submitted to the Municipal Property Assessment Corporation (MPAC) for determination of value assigned to the demolished structure. You will be notified by mail once an adjustment has been completed.

If you have any further questions, please contact the Finance Department at 705-292-9507. Completed application should be sent attention Erica Cavanagh, Revenue Coordinator / Accounting Assistant:

Email: finance@selwyntownship.ca
Mail: PO Box 270, Bridgenorth ON K0L 1H0
In Person: 1310 Centre Line, Selwyn ON K9J 6X5

Fax: 705-292-8964

Please ensure you receive confirmation of receipt. Applications cannot be submitted after the deadline.

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**Section ☐ 357 / ☐ 358 / ☐ 359 Application
to the Council or the Assessment Review board**

Application/Appeal #:

Taxation Year:

Municipality: Township of Selwyn

Roll Number: 1516. _____

Property Address: _____

Applicant Name: _____

Owner Name: _____

Contact Number: _____

Mailing Address: _____

Alternative Number: _____

Email Address: _____

Reason for s357 application: (Check one box – applicable to s357 only)

- | | |
|---|---|
| <input type="checkbox"/> Ceases to be liable for tax at rate it was taxed – 357(1)(a) | <input type="checkbox"/> Became vacant or excess land – 357(1)(b) |
| <input type="checkbox"/> Became exempt – 357(1)(c) | <input checked="" type="checkbox"/> n/a Sickness or extreme poverty – 357(1)(d.1) - Contact staff for details |
| <input type="checkbox"/> Razed by fire, demolition or otherwise – 357(1)(d)(i) | <input type="checkbox"/> Mobile unit removed – 357(1)(e) |
| <input type="checkbox"/> Damaged and substantially unusable – 357(1)(d)(ii) | <input type="checkbox"/> Gross or manifest clerical/factual error – 357(1)(f) |
| <input type="checkbox"/> Repairs/Reno's preventing normal use (min. 3 months) – 357(1)(g) | |

Details of Reason for s357, s358 or s359 application: _____

Effective from: ____ / ____ / ____ to ____ / ____ / ____ Applicant Signature: _____ Date: ____ / ____ / ____
(MM/DD/YY) (MM/DD/YY)

ASSESSMENT REPORT: MUNICIPALITY

TREASURER'S RECOMMENDATION TO COUNCIL

Assessment Roll
As Returned

Revised Since
Roll Return ☐
Enter Revisions Below

Assessment Report School Bd: ☐ Eng ☐ Fr ☐ Other

☐ No Change in Assessment ☐ S357 Required for Next Year

RTC/RTQ	2008 Base-year CVA	2012 Base-year CVA	Current Phased Assessment	Revised RTC/RTQ	Revised 2005 Base-year CVA	Revised 2008 Base-year CVA	Revised Current Phased Assessment	Change to Current Phased Assessment
Revised:				Reason for Change: _____ _____ _____				
Reason Original Assessment Revised: _____								

TREASURER'S REPORT ON TAX LIABILITY

RTC/RTQ	Taxable Assessment Reduction	Tax Rate	Days / Months		Tax Adjustment		Original Levy	

Recommended : ☐ No Adjustment ☐ Adjustment ☐ Cancellation ☐ Refund Total Amount _____

Comments: _____

Treasury Position: _____ Signature: _____ Date: __/__/__

COUNCIL OR ASSESSMENT REVIEW BOARD DECISION:

Hearing Date (MM/DD/YY): __/__/__

☐ Approved ☐ Amended & Approved ☐ Not Approved ☐ Applicant Did Not Appear ☐ Application Abandoned

Reason: _____

Appeared for Applicant: _____ Appeared for Municipality: _____

Signature of Council/ARB Member: _____ Name/Title: _____