



## Corporation of the Township of Malahide

87 John Street South – Aylmer, ON – N5H 2C3

tel (519) 773-5344 – fax (519) 773 5334

BCIN # - 21442 - Malahide

### REQUIREMENTS FOR BUILDING PERMIT

1. Completed Site Control & Zoning Compliance Application:
  - i) Site Plan – Engineered Lot Grading Plans, prepared specifically for the proposed development (on all lots under 4000 meters. sq.), this will be submitted with a \$1000.00 Lot Grading Plan Deposit (bylaw 05-62). This deposit will be returned once an O.L.S. Lot Grading Certificate has been submitted to the Township.
  - ii) Approved Septic System Permit
  - iii) Approved Entrance Permit.
    - a) County of Elgin Permit on County Roads.
    - b) MTO Permit - #3 Highway (Talbot Line)
    - c) Township of Malahide all other cases
  - iv) All other required approvals as applicable to proposed development. Conservation Authority having jurisdiction, Local Health Unit, Municipal Water/Waste Water Department, Municipal Drainage Department, Proper Zoning for Proposed Use, Municipal Zoning Department.
  
2. Completed Application for Permit to Construct or Demolish:
  - i) Complete Set of Plans in duplicate, to include:
    - a) Floor plans
    - b) Foundation plans
    - c) Framing plans – to include floor joist layout
    - d) Roof Plans – Engineered Systems will require an Engineers Seal.
    - e) Reflected Ceiling Plan
    - f) Sections and Details
    - g) Building Elevations
    - h) Electrical Drawings – On I.C.I. Buildings Only
    - i) Heating, Ventilation and Air Condition Drawings. Heat Loss Calculations required. (HRAI Certified)
    - j) Plumbing Drawings – (Layout and D.V.W. Pipe Size)
    - k) Sewage System Sections and Site Plan Drawings

Note: Framing inspection will not be completed and approved if Roof Truss Layout and Floor Joist Layout not on site at time of inspection. Also all Plumbing and Heating/Cooling rough-in work to be completed for approval to be granted.
  
3. All new or expanding livestock operations will be required to conform with applicable and approved Nutrient Management Plans or Strategies. As reviewed and granted by OMAF and MOE as per the Nutrient Management Act.
  
4. As of January 1<sup>st</sup>, 2006 all designers who submit for permit will need to be qualified and registered with the Ministry of Municipal Affairs and Housing as specified in the Ontario Building Code.

5. When a permit is issued for a structure that falls under 2.1.1.2. of the Ontario Building Code, the Design and General Review of the project shall be performed by a Qualified and Registered Professional Architect, Professional Engineer or both, as specified in Section 2.3. of the Ontario Building Code.

If you have any questions regarding these requirements, please feel free to call me at the Township office.

Yours truly,

**Eugenio DiMeo**, CBCO, MAATO  
**Chief Building Official**  
**Township of Malahide**



# The Corporation of the Township of Malahide

87 John Street, South  
Aylmer, ON. N5H 2C3  
Ph. 519-773-5344 Fax 519-773-5334

Additional information for

permit:

Demolish

Construct

Alter/Repair

For use of Township of Malahide			
Application number:		Permit number:	
Date received (yyyy/mm/dd):		Roll number:	
Full Address of project			
Building Number	Street Name	Unit Number	Lot/con.

**A) Zoning Compliance** To obtain property zoning, contact Township of Malahide Planning office at 773-5344.

Property Zoning		Proposed use of building	
Building Size			
Width	Length	Height	Area
Lot Size		Lot Area	Lot coverage %
Frontage	Depth		
Required setbacks			
Side yard	Side yard	Front Yard	Rear yard
Setbacks Provided			
Side yard	Side yard	Front Yard	Rear yard
Is this application conditional on site plan control or zoning amendment? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## B) Agricultural

**Minimum Distance Separation**

**non-livestock related construction**  
Are there any structures capable of housing livestock within 500m (1650 ft) of this proposed structure?  Yes  No.

**livestock related construction**  
Are there any residential structures within 500m (1650 ft) of this proposed structure?  Yes  No.

*If yes to either of the above provide Minimum Distance Separation Calculation Form.*

**Nutrient Management Act**

1) Is this a new operation creating > 5 N.U.'s?  Yes  No.  
*If yes, provide a copy of Nutrient Management Plan.*

2) Is this a new operation creating > 150 N.U.'s?  Yes  No.

3) Is this a expanding operation creating > 300 N.U.'s?  Yes  No.  
*If yes to either of the above, provide a copy of Provincial approval*

**C) Lot Grading Approval**

Does the proposed construction include a roofed structure greater than 10 sq. m. (108 sq. ft.)?  Yes  No

Does the proposed construction alter existing lot grading?  Yes  No

Does the proposed construction alter existing surface drainage on the lot?  Yes  No

If yes to any of the above, provide a lot grading plan bearing the signature and seal of a Professional Engineer, Landscape Architect, or Ontario Land Surveyor and/or approval from the Township of Malahide Building and Drainage Departments 773-5344.

**D) Conservation Authority**

Does the proposed construction require Conservation Authority review?  Yes  No

If yes, provide a copy of Permit Issued

**E) Plans and specifications information**

A completed building permit application, to be accompanied by the following;

- Copies of approvals from other agencies, i.e. approval on septic field, MTO/County or Township entrance permits and Conservation Authority review.
- Two sets of drawings, to scale, legible and include:
  - o Site plan, Lot Grading Plan. Showing service locations, driveways and parking areas, lot lines and dimensions, lot grading (geodetic elevations) and drainage arrows, new and existing building sizes and locations, building setbacks, street names, municipal address and north arrow.
  - o Foundation Plan. Showing; scale, dimensions, size type and location of all walls and partitions, width locations and lintel sizes for all openings, material specifications or notes.
  - o Floor Plans. Showing; scale, dimensions, use of rooms and spaces, size type and location of all walls and partitions, width locations and lintel sizes for all openings, material specifications or notes, location and direction of stairs, references to details.
  - o Elevations Showing; scale, vertical dimensions, grade level, exterior finishes, overhang dimension, roof shape slope and finish, references to details.
  - o Sections and details. Showing; scale, details of footings foundation, walls, floors and roof, distance from grade to floors, roof and underside of footing, material specifications or notes.

Applications determined to be incomplete will be rejected upon review, and will require to be resubmitted prior to issuance of building permit.

**F) Declaration of applicant**

I, \_\_\_\_\_ certify that:  
(Print name)

1. The information contained in this application, attached schedule, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. Owner/contractor is required to ensure compliance to all federal, provincial and municipal legislation and or regulations prior to, during and after construction. The Township of Malahide can not be held liable for any actions by the owner/contractor resulting in; non issuance of a permit, revoking of a permit, legal action and or possible fine.
3. I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_  
(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 to which this application is being made.

# Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

# Township of Malahide

87 John St, S. Aylmer ON, N5H 2C3

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. 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 ( )	
C. 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 ( )	
D. 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 ( )	
E. 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			
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. Attachments**

- i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

**H. Declaration of applicant**

I \_\_\_\_\_ certify 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. I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_  
 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.

**For use by Principal Authority**

<u>Class of Permit / Fee</u>	<u>Cost of Permit / Fee</u>
Construction / Demolition Permit Fee	
Plumbing Permit Fee	
Septic Permit Fee	
Other Permit Fee	
Site Control Application / Performance Deposit	
Township of Malahide Development Fee	
Separation School Board Development Fee	
<b>Total Cost of Applicable Permit &amp; Fees</b>	

\_\_\_\_\_  
 Approved By / BCIN #

\_\_\_\_\_  
 Date Approved

## 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 2.20.2.1]</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>			
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 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. 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 authority to bind the corporation or partnership (if applicable).			
_____	_____		
Date	Signature of Designer		

\*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

## 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 2.18.1.1?			
<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><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. I have authority to bind the corporation or partnership (if applicable).</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			