

# Application for a Permit to Construct or Demolish

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

For use by Principal Authority			
Application number:		Permit number (if different):	
Date received:		Roll number:	
Application submitted to: <b>Municipality of Shuniah</b> , 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8			
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.

## Building Permit Checklist

<b>Applicant</b>		<b>Permit No.</b>		
<b>Project Location</b>				
Application submitted to: <b>Municipality of Shuniah</b> , 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8				
Required		Description	Satisfied	
Yes	No		Yes	No
		Proof of Ownership. (e.g. Deed or Tax Notice)		
		Site Plan (Zoning Approval)		
		Completed Application Form for a Permit to Construct or Demolish.		
		Letter of Authorization – If applicant is other than Owner. – See attached sample letter.		
		Drawings – Architectural – Two (2) Sets <span style="float: right;"><i>All drawings to have designers' name, telephone and B.C.I. Number.</i></span> <input type="checkbox"/> Found. Plan <input type="checkbox"/> Floor Plan(s) <input type="checkbox"/> Roof Plan <input type="checkbox"/> Elevation(s) <input type="checkbox"/> Sections		
		Completed Schedule 1 – Designer Information Form.		
		Pre-Engineered Roof or Floor Truss Certificate(s) and Layout(s) – If used.		
		Approval from Municipality of Oliver Paipoonge for Entrance Permit.		
		Approval from Ministry of Transportation. – 615 South James Street – (807) 473-2000		
		Approval of Lakehead Regional Conservation Authority – 1136 Oliver Road – (807) 344-5857		
		Approval from the Thunder Bay District Health Unit – 999 Balmoral Street, Thunder Bay – (807) 625-7990		
		New Home Warranty Declaration Form.		
		Proof of Potable Water Supply. <input type="checkbox"/> Ministry of Health and Long Term Care – Analysis of Drinking Water – 338 S. Syndicate Avenue, Thunder Bay, ON, P7E 1E8 – Phone (807) 622-6449		
		Drawings – Electrical/Mechanical – Two (2) Sets <span style="float: right;"><i>For single family dwellings show type of heating system, G.F.C.I. &amp; Smoke and C.O. Detectors (Elec. Interconnected) on architectural drawings.</i></span>		
		Completed Mechanical Ventilation Design Review Form – As required.		
		Fireplace and Chimney Details – If used.		
		Completed Plumbing Permit Application Form – As required.		
		Record of Approval (NM Strategy) – Required when applying for a building for livestock housing or manure storage facility on farms with > 5 NU.		
		General Review / Commitment Certificate – Form 1 – Professional <input type="checkbox"/> Architectural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Structural <input type="checkbox"/> Fire Protection <input type="checkbox"/> Plumbing		

## Building Permit Fee Worksheet

<b>Applicant</b>		<b>Permit No.</b>	
<b>Project Location</b>			

Application submitted to: **Municipality of Shuniah**, 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8

Residential Construction	Building Component Description	Area / Units		Cost	Permit Fee	
	<b><u>Residential Dwellings</u></b>					
	Main Floor Area	ft <sup>2</sup>	X	\$ .84 / ft <sup>2</sup>	=	
	Second Floor Area	ft <sup>2</sup>	X	\$ .42 / ft <sup>2</sup>	=	
	Attached Garages	ft <sup>2</sup>	X	\$ .35 / ft <sup>2</sup>	=	
	<b><u>Accessory Buildings</u></b>					
	Main Floor Area	ft <sup>2</sup>	X	\$ .25 / ft <sup>2</sup>	=	
	<b><u>Alterations and Additions</u></b>					
Floor Area	ft <sup>2</sup>	X	\$ .50 / ft <sup>2</sup>	=		
(Minimum Permit Fee of \$75.00)				Subtotal		
Commercial, Industrial, & Institutional Construction	Building Component Description	Area		Cost	Permit Fee	
	<b><u>Commercial, Industrial and Institutional Building Construction</u></b>					
	Floor Area	ft <sup>2</sup>	X	\$ .84	=	
	<b><u>Institutional Construction</u></b>					
	Floor Area	ft <sup>2</sup>	X	\$ .84	=	
(Minimum Permit Fee of \$100.00)				Subtotal		
Other Permits	Building Component Description	Number of Units		Cost	Permit Fee	
	Permits for Temporary Buildings		X	\$50.00	=	
	Occupancy Permit – New Dwellings Only.		X	\$50.00	=	
	Certificate of Occupancy – Cottage Conversion		X	\$150.00	=	
	Other Inspections		X	\$75.00	=	
	Plumbing Permits		X	\$100.00	=	
	HVAC Permits		X	\$75.00	=	
	Moving / Demolition Permits		X	\$50.00	=	
	Change of Use Permits		X	\$75.00	=	
	Patio/Deck Permits		X	\$75.00	=	
	Swimming Pool Permits		X	\$75.00	=	
Fireplace(s) & Wood Burning Appliances - Manufactured or Masonry		X	\$75.00	=		
Designated Structures Permits	Towers, Communication Towers & Wind Towers		X	\$1,000.00	=	
	Retaining Walls		X	\$250.00	=	
<b>Total Building Permit Fee</b>						

**Please Note:**

- The Building Permit Fee calculated herein maybe adjusted upon completion of a Plans Review if these estimates prove inaccurate.
- Areas are to be calculated based on outside dimensions.

# Application for a Plumbing Permit

For use by Principal Authority					
Application number:			Permit number (if different):		
Date received:			Roll number:		
Application submitted to: <b>Municipality of Shuniah</b> , 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8					
A. Project information					
Building number, street name				Unit number	Lot/con.
Municipality		Postal code	Plan number/other description		
Proposed Use of Building:					
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. Contractor					
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 ( )	
Fixtures			Stacks and Vents		
Item	No. of Units	Item	No.	Diameter	Material
Water Closets		Soil Stacks			
Kitchen Sinks		Vent Stacks			
Wash Tubs		Rain Water Leader			
Basins		Waste Pipes			
Bathtubs		Hose Drain			
Urinals					
Hot Water Tank					
Others					

## E. 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 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.

## F. 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).

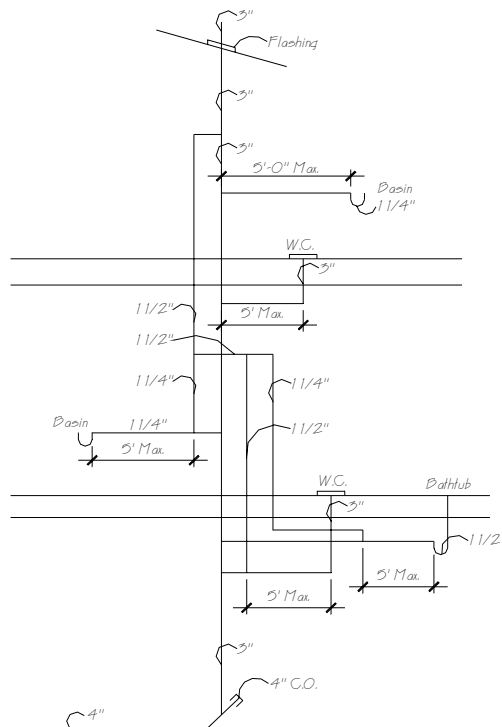
\_\_\_\_\_ Date

\_\_\_\_\_ Signature of applicant

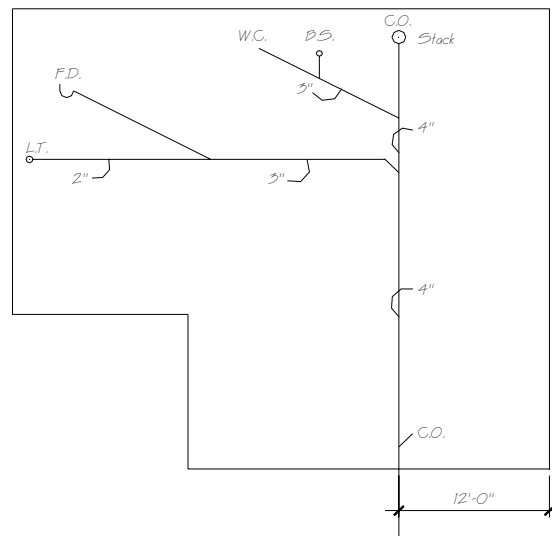
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## Diagram of Plumbing Installation

**This Diagram is for Information and Guideline Only, other Installations maybe Accepted.**



**B – Isometric Drawing**



### **A - Ground Work**

#### **Note:**

W.C. – Water Closet  
F.D. – Floor Drain  
B.S. – Basin  
L.T. – Laundry Tub  
K.S. – Kitchen Sink  
C.O. – Clean Out

**Indicate Location of Existing Plumbing**

## 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 reviewed 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*.

# Mechanical Ventilation Design Review Form

## Heat Recovery Ventilator Systems

### For use by Principal Authority

Application No.:	Permit No. (if different):
Date Received:	Roll No.:

Application submitted to: **Township of Shuniah**, 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8

#### A. Project Information

Building number, street name		Unit number	Lot/con.
Municipality	Postal Code	Plan number/other description	
Purpose Use of Building:			

#### B. Applicant

Applicant is:  Owner or  Authorized agent of owner

Last name	First Name	Corporation or partnership	
Street address		Unit number	Unit number
Municipality	Postal Code	Province	E-mail
Telephone number	Fax	Cell number	

#### C. Type of Building

- 1.) Detached
  2.) Row
  3.) Multi-Residential
  4.) Other

#### D. Type of Heating System(s)

- Forced Air
  Baseboard
  Other
  Solid Fuel Appliances  
 Oil
  Gas
  Other  
 Type I (1)
  Type II (1)
  Type III (1)

#### E. Hot Water Source

- Gas
  Other  
 Type I (1)
  Type II (1)
  Type III (1)

#### F. Combustion Air

Provide Details

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#### G. Type of Equipment Applied H.R.V. (Certified to C.S.A. - C.22.2 No. 113 and Performance Tested to CSA c439/H.V.I.)

Manufacturer	
Brand Name	Model No.

#### H. Type of Controls

Dehumidistat With

- 1.) Interval Timers
  2.) Manually Operated Switch
  3.) HRV Controls(s) - must be centrally located adjacent to "circulation fan" control and identified. NOTE: manufacturers remote control unit acceptable

#### I. Type of Defrost

- 1.) Detached
  2.) Bypass
  3.) Recirculation
  4.) Other

#### J. Distribution System

- 1.) Separate/Dedicated (Duct Size and Layout Drawing Required) (3)
  2.) Integrated with Furnace (Direct Connection to R/A System Required) (4)

Manufacturer	Model No.
BTU/1000 Output	Design Static Pressure Diff. of R/A Plenum (Pa)

- Multi Speed Fan  Yes  No  
 Continuous Operation  Yes  No  
 Preheating Required  Yes ( \_\_\_\_ Watts)  No

(Control switch for systems which utilize the forced air heating/cooling systems must be centrally located and identified as the "CIRCULATION FAN".)

#### K. Supply Ventilation (Greater of A or B)

A) 'Rooms'				Or	B) Exhaust Ventilation Continuous			
		L/s	cfm			L/s	cfm	
Bsmt. & Master Bdrm.	_____ @ 10 L/s (20 cfm)	_____	_____	Bsmt. & Master Bdrm.	_____ @ 10 L/s (20 cfm)	_____	_____	
Other Bedrooms	_____ @ 5 L/s (10 cfm)	_____	_____	Other Bedrooms	_____ @ 5 L/s (10 cfm)	_____	_____	
Bathrooms & Kitchen	_____ @ 5 L/s (10 cfm)	_____	_____	<b>Total</b>				
Other Habitable Rooms	_____ @ 5 L/s (10 cfm)	_____	_____					
<b>Total</b>		_____	_____	Minimum Supply Required <sup>(5)</sup>		[ _____ ]		

L. Outside Vented Mechanical Exhaust System							
		L/s	cfm			L/s	cfm
<input type="checkbox"/>	Clothes Dryer (Default 160 cfm)	_____	_____	<input type="checkbox"/>	Bathroom (Default 50 cfm)	_____	_____
<input type="checkbox"/>	Central Vacuum	_____	_____	<input type="checkbox"/>	Other	_____	_____
<input type="checkbox"/>	Kitchen Range Hood (Default 100 cfm)	_____	_____	<b>Total</b>			
		_____	_____			_____	_____

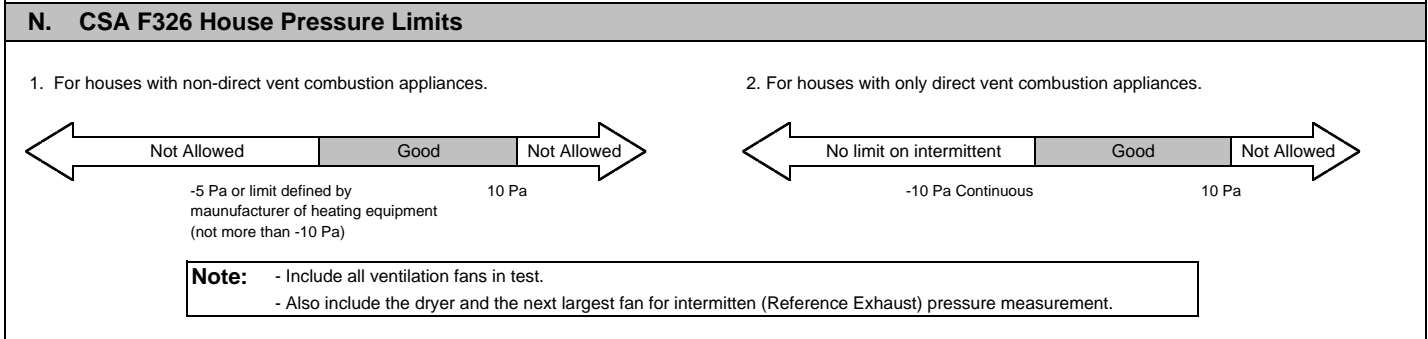
**M. Relief/Makeup Air Required** Provide details how Relief/Makeup Air is achieved.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**O. Addendum To Application**

**Note (1)** Combustion Appliance Category  
 Type I - Natural Draft Type  
 Type II - Induced Draft Type  
 Type III - Sealed Unit or Non-Fuel Burning Appliances

**Note (2)** Solid fuel appliance must have provisions for combustion air.

**Note (3)** Part 9 of the Ontario Building Code has duct sizing provisions for dedicated systems.

**Note (4)** This Department assumes that all furnaces/ductwork are sized in accordance with good engineering practice. As per Part 6 of the Ontario Building Code.

**Note (5)** Must include low temperature ventilation correction rate for HRV.

**Note (6)** This Department strongly recommends that each project is field tested to determine relief/make-up are requirements.

P. Certified Designer					
Last name		First Name		Registration/Cert.#/BCIN	
Street address				Unit number	Unit number
Municipality		Postal Code	Province	E-mail	
Telephone number		Fax		Cell number	
Date		Signature			

# Mechanical Ventilation Installation Review Form

## Heat Recovery Ventilator Systems

### For use by Principal Authority

Application No.:	Permit No. (if different):
Date Received:	Roll No.:

Application submitted to: **Municipality of Shuniah**, 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8

#### A. Project Information

Building number, street name	Unit number	Lot/con.
Municipality	Postal Code	Plan number/other description
Purpose Use of Building:		

#### B. Applicant

Applicant is:  Owner or  Authorized agent of owner

Last name	First Name	Corporation or partnership
Street address		Unit number
Municipality	Postal Code	Province
Telephone number	Fax	Cell number

#### C. Airflow Measurement Results

<b>System Capacity</b> Minimum Supply Required (as per design review) <table border="1" style="display: inline-table; margin-left: 20px;"> <tr><td style="width: 50px; height: 20px;">_____</td><td>L/s</td></tr> <tr><td style="width: 50px; height: 20px;">_____</td><td>cfm</td></tr> </table>	_____	L/s	_____	cfm	<b>System Capacity Provided</b> Supply Air _____ L/s(cfm) Exhaust Air _____ L/s(cfm)	<b>Purchaser Received:</b> <input type="checkbox"/> Operating Instructions <input type="checkbox"/> Warranty Data <input type="checkbox"/> Operation & Maintenance Manuals <input type="checkbox"/> Advice & Caution Re: Combustion Air
_____	L/s					
_____	cfm					
Type of Measuring Equipment Used _____						

**\*Flow Stations (Collars) must be permanently installed in system.** (HRVs must be balanced in continuous)

#### D. Start-up

Equipment Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_

**Check the following if satisfactory**

<input type="checkbox"/> Electric Power Wiring	<input type="checkbox"/> Filter(s)	<input type="checkbox"/> Control(s) Functioning	<input type="checkbox"/> Dehumidistat Setting At _____ %R.H.
<input type="checkbox"/> Control(s) Wiring	<input type="checkbox"/> Air Distribution System	<input type="checkbox"/> Properly Mounted	<input type="checkbox"/> Control Switch (Module) centrally located and identified

#### E. Outdoor Intake/Exhaust Openings

Outside Supply Air Intake/Exhaust Outlet Separation (72" minimum) \_\_\_\_\_ m / ft

Height of Intake Above Ground (36" minimum) \_\_\_\_\_ m / ft

**NOTE:** Intake and Exhaust Openings to be Equipped with Corrosion-Resistant Screens/Grilles

#### M. Relief/Makeup Air Required or Results of House Pressure Test (C.S.A. F326)

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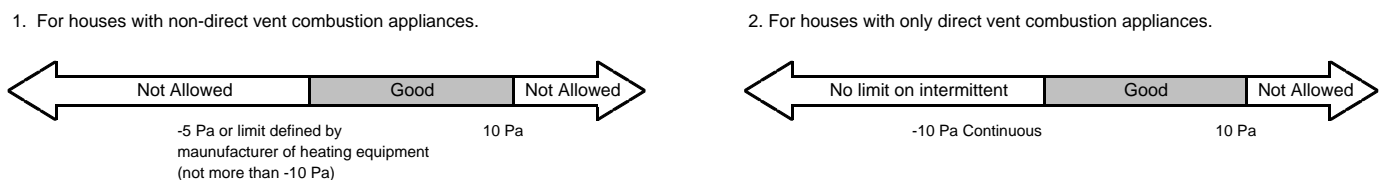
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**Note:** This Department strongly recommends that each project is field tested to determine relief/make-up air requirements.

#### N. CSA F326 House Pressure Limits



**Note:** - Include all ventilation fans in test.  
 - Also include the dryer and the next largest fan for intermitten (Reference Exhaust) pressure measurement.

#### P. Contractor/Designer Certification

I hereby Certify that the Ventilation and heating/cooling systems have been designed/installed in accordance with provisions of Part 6, Ontario Building Code and Residential Mechanical Requirements of "CAN/CSA-F326-M91"

Last name	First Name	Registration/Cert.#/BCIN
Street address		Unit number
Municipality	Postal Code	Province
Telephone number	Fax	Cell number
Date	Signature	



# Municipality of Shuniah

420 Leslie Avenue

Thunder Bay, ON, P7A 1X8

Ph. 807-683-4545 Fax. 807-683-6982

## To the Building Permit Holder:

The Building or Structure covered by this permit must be constructed in accordance with the plans, specifications, documents and other information on the basis of which the Permit was issued or any changes thereto authorized by the Chief Building Official.

The Ontario Building Code requires that all inspections be carried out at Critical Phases of Construction. **Please notify Shuniah Building Department at (807) 683-4546, or others as noted, when the following are ready for INSPECTION.**

1. EXCAVATION AND FOOTINGS
2. PRE-BACKFILL
3. SEWERS AND DRAINS, WATER SERVICE AND UNDERGROUND PLUMBING
4. SEPTIC SYSTEM (Thunder Bay District Health Unit or MOE for Association Lands)
5. ELECTRICAL SERVICE (Ontario Hydro)
6. FRAMING
7. PLUMBING, HEATING/VENTILATION/AIR CONDITIONING
8. INSULATION AND AIR/VAPOUR BARRIER
9. PRE-OCCUPANCY
10. FINAL PLUMBING
11. FINAL INTERIOR AND EXTERIOR (Including site grading)
12. CERTIFICATE OF OCCUPANCY

**NOTE:** Masonry Fireplaces and Chimneys; Factory Built Fireplaces and Chimneys; Stoves; Ranges; Space Heaters; and Add-on Furnaces using Solid Fuels, **REQUIRE INSPECTION** at the Commencement of Construction.

**Failure to call for an Inspection will be recorded and could result in the issuance of an Order to Comply. Missed Inspections could prove to be detrimental in a mortgage application or prospective sale.**

**An approved set of construction drawings, including truss details, must be available on site at time of inspection.**

# Zoning and Grading Approval

## For use by Principal Authority

Permit number: \_\_\_\_\_ Roll number: \_\_\_\_\_

Application submitted to: **Municipality of Shuniah**, 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8

### Project information

Building number, street name \_\_\_\_\_ Unit number \_\_\_\_\_ Lot/con. \_\_\_\_\_

Municipality \_\_\_\_\_ Postal code \_\_\_\_\_ Plan number/other description \_\_\_\_\_

Proposed Use of Building: \_\_\_\_\_

**Applicant** Applicant is:  Owner or  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 ( ) \_\_\_\_\_

### 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 ( ) \_\_\_\_\_

### Plot Plan

**Building** \_\_\_\_\_ **Width:** \_\_\_\_\_ **Length:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Side Yard:** \_\_\_\_\_ **Min.:** \_\_\_\_\_ **Side Yard:** \_\_\_\_\_ **Min.:** \_\_\_\_\_

**Front Yard:** \_\_\_\_\_ **Min.:** \_\_\_\_\_ **Rear Yard:** \_\_\_\_\_ **Min.:** \_\_\_\_\_

**Office Use Only** \_\_\_\_\_ **Zone:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_

### Declaration of Applicant

I \_\_\_\_\_ (print name) \_\_\_\_\_ certify that:

I understand that the issuance of an approval shall not be deemed a waiver of any of the provisions of any By-laws or requirements of the Building Code Act, as amended, or regulations made there under, notwithstanding anything included in or omitted from the materials filed in support of or in connection with the above approval.

I acknowledge that in the event an approval is issued, any departure from the plans, specifications or building locations proposed in the above approval is prohibited and could result in the approval being revoked.

I acknowledge that I have satisfied myself as to the provisions of the Zoning By-law, the Building By-law, The Building Code Act and the Regulations there under and all other applicable By-laws and regulations as they apply to the lands and the proposed construction and that I have not relied upon the advice or opinion of The Corporation of the Township of Shuniah, its agents, solicitors or servants with respect thereto, nor upon the fact of the issuance of a building permit, and I hereby release the Corporation of the Township of Shuniah, its agents, solicitors and servants from any liability whatsoever which may arise in the event that it is determined that a contravention of any such law now or hereafter exists, in respect of such land and construction.

I hereby certify that I have the authority to bind hereto all owners of the said lands and premises and covenants and agree to indemnify The Corporation of the Township of Shuniah, its agents, solicitors, and servants from and against all claims from all owners of the said lands and premises arising out of granting or revocation of the Approval.

I further acknowledge that in the event the Approval is revoked for any cause or irregularity or nonconformity with any lawful requirements there shall be no right of claim whatsoever against the municipal corporation or any official thereof and any such claim is hereby expressly waived.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

# Zoning and Grading Approval – Campers Associations

## For use by Principal Authority

Permit number:

Roll number:

Application submitted to: **Municipality of Shuniah**, 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8

### Project information

Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	

Proposed Use of Building / Construction Type:

### Applicant      Applicant is:      Owner (Association)      or      Authorized agent of Owner (Camp 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 (    )	

### 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 (    )	

### Approvals

<b>Campers Association:</b>	<b>Wild Goose Bay Cottagers' Assoc.</b> <b>Green Point Campers Association Incorporated</b> <b>West Green Bay – Pebbly Beach Campers' Association</b> <b>East Green Bay Campers Association Incorporated</b>	<b>Clover Beach Limited</b> <b>Bay Beach Campers Association / Ishkibbible Beach Limited</b> <b>White Birch Campers' Association Incorporated</b> <b>Floral Beach Campers Association</b>
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### Signatures of Consent:

<b>Abutting Neighbour</b>	Camp No.	Signature	Date
<b>Abutting Camp No.</b>	Camp No.	Signature	Date
<b>Association President</b>		Signature	Date
<b>Building Chairperson</b>		Signature	Date

### Other Associated Documents Attached (List Below)


# Plot Plan

Presidents Initials	Neighbours Initials	
Building Chairperson Initials	Neighbours Initials	
<b>Office Use Only</b>	<b>Zone:</b>	<b>Approved By:</b>

## Declaration of Applicant

I \_\_\_\_\_ certify that:  
(print name)

I understand that the issuance of an approval shall not be deemed a waiver of any of the provisions of any By-laws or requirements of the Building Code Act, as amended, or regulations made there under, notwithstanding anything included in or omitted from the materials filed in support of or in connection with the above approval.

I acknowledge that in the event an approval is issued, any departure from the plans, specifications or building locations proposed in the above approval is prohibited and could result in the approval being revoked.

I acknowledge that I have satisfied myself as to the provisions of the Zoning By-law, the Building By-law, The Building Code Act and the Regulations there under and all other applicable By-laws and regulations as they apply to the lands and the proposed construction and that I have not relied upon the advice or opinion of The Corporation of the Township of Shuniah, its agents, solicitors or servants with respect thereto, nor upon the fact of the issuance of a building permit, and I hereby release the Corporation of the Township of Shuniah, its agents, solicitors and servants from any liability whatsoever which may arise in the event that it is determined that a contravention of any such law now or hereafter exists, in respect of such land and construction.

I hereby certify that I have the authority to bind hereto all owners of the said lands and premises and covenants and agree to indemnify The Corporation of the Township of Shuniah, its agents, solicitors, and servants from and against all claims from all owners of the said lands and premises arising out of granting or revocation of the Approval.

I further acknowledge that in the event the Approval is revoked for any cause or irregularity or nonconformity with any lawful requirements there shall be no right of claim whatsoever against the municipal corporation or any official thereof and any such claim is hereby expressly waived.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Building Permit Applicant

**The zoning and lot grading plan shall include the following information:**

- a) All existing natural drainage courses on the land to be developed.
- b) All buildings and structures (Existing and Proposed) including additions, decks, retaining walls and etc.
- c) Location of On-site Sewage Disposal Systems and Wells.
- d) Location of abutting neighbours structures.
- e) Existing elevations at each lot corner and at the centre of the lot and;
- f) Proposed new elevations as follows:
  - a. Finished road elevations and grades Finished grade elevations at all lot corners and at the building that is proposed for the lot.
  - b. Elevations at appropriate locations around the building are required for split or multi-level buildings.
  - c. Finished grade spot elevations along all drainage swales and at each new and existing culvert within the drainage swales.
- g) Grading details for the lot to show how rear yard drainage will be directed around the proposed building to the street or adjacent property.
- h) Details for all drainage facilities, which will be, constructed on the lot and the size and location of all proposed drainage easements.
- i) The location of the proposed septic field shall be shown along with the proposed design finished grade elevation of the septic field.
- j) The location of the Geodetic Datum used as a reference point for elevations on the lot-grading plan shall be shown on the lot-grading plan if possible or an assumed elevation can be related to the main highway or road.
- k) The recommended average slope or rear yard surfaces shall not exceed 10% and shall be measured by dividing the elevation difference by the distance using the following three measurement:
  - a. Between the rear of the building and the rear lot line Between the rear of the building and the centre line of the rear swale and From the side lot line to the side lot line on the opposite side of the lot.
  - b. The measurement giving the steepest grade shall govern.
  - c. A civil engineer shall examine extreme natural terrain elevations that exceed the recommended grades to ensure appropriate stability and erosion control.
- l) The grade difference in the rear yard shall be taken up by the use of grading as follows:
  - a. Generally the slope of the rear yard shall be between 1 ½ % and 5% to maximize the useable area of the rear yard;
  - b. Slopes shall be 1:2 maximum at the extremities of the property when matching surrounding lands and;
  - c. Retaining walls shall be used to reduce the grade differential to an acceptable amount wherever the finished grade between two adjacent properties exceeds 400 mm unless approved by the Municipality or where erosion of soil may occur.
- m) The desirable depth of a drainage swale is 200mm – 250mm. Minimum depth shall be 50 mm and the maximum depth shall be 300mm or as recommended by the engineer.
- n) The drainage flows which carry around structures shall be contained in defined swales located as far from the structure as practical and follow the property lines where possible.
- o) The type of construction for each structure on a lot shall be determined by the type of grading which is allowed by the topography of the land.

*Date:*

*Owner(s) Name(s):*

*Address:*

*Phone Number:*

**Attention: Chief Building Official**

**Subject: Letter of Authorization**

**Re: Lot:  
Plan:  
Municipality of Shuniah**

Dear Sir:

Please be advised that \_\_\_\_\_ has the authority to apply for a Building Permit on the above-mentioned lot.

Do not hesitate to contact me personally if there are any further questions.

Yours truly,

*Owner(s) Name(s)*