



Building Permit Package

New Residential Homes or Additions

***** IMPORTANT NOTICE*****

Before proceeding with a building permit application, please make an appointment with our planning department for a zoning review.

A zoning review will determine if your proposed building meets all zoning requirements and will identify any land use issues before you proceed.

Compliance with the zoning by-law is a required part of the building permit process. All zoning requirements must be met before a building permit can be issued.

Please contact the planning department at 905-355-2821 ext. 242 or by email at vheffernan@cramahe.ca



BUILDING PERMIT CHECK LIST

- Completed Building Permit Application
- Schedule 1 Designer Information form
- Completed owner's authorization form is required if the applicant is not the property owner
- Signed Setback Waiver form
- Two sets of construction drawings: 1 full size 24" X 36" and 1 digital copy
- Residential Mechanical Heating/Ventilation Design
- Energy Efficiency Design Summary
- Application for plumbing and septic permit must be made to the County of Northumberland's Plumbing department. Phone 905-372-1929 or email johnstonek@northumberland.ca
- If the property does not already have an approved entrance, you will need to apply for an Entrance Permit and 911 number
- A Site Plan showing the following information:
 - All structures on the property shown and identified
 - Setbacks to all structures and proposed structures to be shown from lot lines
 - Setbacks must show dimension to the front, rear, and side yard setbacks
 - Dimensions of all structures
 - Location of Septic System (Tank & Bed)
 - Well Location
 - Distance from proposed structure to septic system and well

*****Other approvals that may be required*****

- ★ If your property is located near an Environmental Conservation zone, you will need to attach a copy of your Conservation Permit or Clearance Letter from the Lower Trent Conservation Authority. Phone 613-394-4829 or visit www.ltc.on.ca
- ★ New residential construction in the area of the housing of livestock is subject to a Minimum Distance Separation (MDS 1). New construction of livestock housing in an area of residential dwellings is subject to a Minimum Distance Separation (MDS 2).

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:	Date issued:	Roll number:	
Application submitted to: <u>CRAMAHE TOWNSHIP</u> <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>			
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 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 (if applicable)	
Street address			Unit number	Lot/con.
Municipality		Postal code	Province	E-mail
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				
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.

A. Project Information			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name	Firm		
Street address	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax number ()	Cell number ()	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
<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			
D. Declaration of Designer			
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 3.2.4. of Division C, 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 and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, 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 submitted this application with the knowledge and consent of the firm.			
_____		_____	
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) d) 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.



The Corporation of the Township of Cramahe Building Permit Authorization

If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed.

Authorization of Owner to make the application:

I, _____, am the owner of the land that is the subject of this application and I authorize _____ to make this application on my behalf.

Date

Signature of Owner

Date

Signature of Applicant



Township of Cramahe – Building Department

Set Back Waiver

Permit Number

To the Township of Cramahe:

The owner/agent hereby acknowledges that the issuance of a Building Permit and/or general site review by the Building Department Staff is not confirmation that all zoning setbacks have been adhered to. This includes but is not limited to separation of structures to the high water mark, lot lines, septic systems and other structures. It is understood that it is the sole responsibility of the owner/agent to meet the zone setback requirements.

Date

Owner/Agent (Please Print)

Signature

Energy Efficiency Design Summary: Prescriptive Method

(Building Code Part 9, Residential)

This form is used by a designer to demonstrate that the energy efficiency design of a house complies with the building code using the prescriptive method described in Subsection 3.1.1. of SB-12. This form is applicable where the ratio of gross area of windows/sidelights/skylights/glazing in doors and sliding glass doors to the gross area of peripheral walls is not more than 22%.

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. Prescriptive Compliance [indicate the building code compliance package being employed in this house design]

SB-12 Prescriptive (input design package): Package: _____ Table: _____

C. Project Design Conditions

Climatic Zone (SB-1):	Heating Equipment Efficiency	Space Heating Fuel Source
<input type="checkbox"/> Zone 1 (< 5000 degree days)	<input type="checkbox"/> ≥ 92% 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"/> ≥ 84% < 92% AFUE	<input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Earth Energy
Ratio of Windows, Skylights & Glass (W, S & G) to Wall Area	Other Building Characteristics	
Area of walls = _____ m ² or _____ ft ²	<input type="checkbox"/> Log/Post&Beam <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> ICF Basement	
Area of W, S & G = _____ m ² or _____ ft ²	<input type="checkbox"/> Slab-on-ground <input type="checkbox"/> Walkout Basement	
W, S & G % = _____	<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Combo Unit	
Utilize window averaging: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Air Sourced Heat Pump (ASHP)	
	<input type="checkbox"/> Ground Sourced Heat Pump (GSHP)	

D. Building Specifications [provide values and ratings of the energy efficiency components proposed]

Energy Efficiency Substitutions			
<input type="checkbox"/> ICF (3.1.1.2.(5) & (6) / 3.1.1.3.(5) & (6))			
<input type="checkbox"/> Combined space heating and domestic water heating systems (3.1.1.2.(7) / 3.1.1.3.(7))			
<input type="checkbox"/> Airtightness substitution(s) Airtightness test required (Refer to Design Guide Attached)	<input type="checkbox"/> Table 3.1.1.4.B Required: _____		Permitted Substitution: _____
	<input type="checkbox"/> Table 3.1.1.4.C Required: _____		Permitted Substitution: _____
	Required: _____		Permitted Substitution: _____
Building Component	Minimum RSI / R values or Maximum U-Value ⁽¹⁾	Building Component	Efficiency Ratings
Thermal Insulation	Nominal Effective	Windows & Doors Provide U-Value ⁽¹⁾ or ER rating	
Ceiling with Attic Space		Windows/Sliding Glass Doors	
Ceiling without Attic Space		Skylights/Glazed Roofs	
Exposed Floor		Mechanicals	
Walls Above Grade		Heating Equip.(AFUE)	
Basement Walls		HRV Efficiency (SRE% at 0°C)	
Slab (all >600mm below grade)		DHW Heater (EF)	
Slab (edge only ≤600mm below grade)		DWHR (CSA B55.1 (min. 42% efficiency))	# Showers_____
Slab (all ≤600mm below grade, or heated)		Combined Heating System	

(1) U value to be provided in either W/(m².K) or Btu/(h.ft².F) but not both.

E. Designer(s) [name(s) & BCIN(s), if applicable, of person(s) providing information herein to substantiate that design meets the building code]

Qualified Designer Declaration of designer to have reviewed and take responsibility for the design work.		
Name	BCIN	Signature

Guide to the Prescriptive Energy Efficiency Design Summary Form

This form must accurately reflect the information contained on the drawings and specifications being submitted. 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 or the municipal building department.

The building code permits a house designer to use one of four energy efficiency compliance options:

1. Comply with the *SB-12 Prescriptive* design tables (this form is for this option (Option 1)),
2. Use the *SB-12 Performance* compliance method, and model the design against the prescriptive standards,
3. Design to *Energy Star*, or
4. Design to *R2000* standards.

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 3.1.1. of SB-12. Energy efficiency design modeling and testing of the building is not required under this option. Certain substitutions are permitted. In which case, the applicable airtightness targets in Table 3.1.1.4.A must be met.

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, glazing in doors and sliding 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 3.1.1.1. 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, alternative ICF wall insulation is permitted in certain conditions where other design elements meet higher standards. Refer to SB-12 for further details. Where effective insulation values are being used, the Authority Having Jurisdiction may require supporting documentation.

BUILDING CODE REQUIREMENTS FOR AIRTIGHTNESS IN 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.

The air leakage rates in Table 3.1.1.4.A are not requirements. This provision is a voluntary provision for when credits for airtightness are claimed. Credit for air tightness allows the designer to substitute the requirements of compliance packages as set out in Table 3.1.1.4.B or 3.1.1.4.C. Neither the air leakage test nor compliance with airtightness targets given in Table 3.1.1.4.A are required, unless credit for airtightness is claimed. Table 3.1.1.4.A provides airtightness targets in three different metrics; ACH, NLA, NLR. Any one of them can be used. **OBC Reference Default Air Leakage Rates (Table 3.1.1.4.A)**

Building Type	Airtightness Targets				
	ACH @ 50 Pa	NLA @ 10 Pa		NLR @ 50 Pa	
Detached dwelling	2.5	1.26 cm ² /m ²	1.81 in ² /100ft ²	0.93 L/s/m ²	0.18 cfm50/ft ²
Attached dwelling	3.0	2.12 cm ² /m ²	3.06 in ² /100ft ²	1.32 L/s/m ²	0.26 cfm50/ft ²

The building code requires that a blower door test be conducted to verify the air tightness of the house during construction if the *SB-12 Prescriptive* option with airtightness credit being applied. Results of the airtightness test may need to be submitted to the Authority Having Jurisdiction. Airtightness of less than 2.5 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of detached houses, or 3.0 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of attached houses is necessary to meet the required energy efficiency standard.

E. House Designer

The building code requires designers providing information about whether a building complies with the building code to have a BCIN. Exemptions apply to architects, engineers and owners designing their own house.



Entrance Permit Application Instructions

1. Please stake the proposed entrance location with easily visible markers. We suggest you paint them fluorescent orange.
2. Complete the Entrance Permit application form.
3. Leave the form at the Township office with the payment of \$1250.00 Municipal staff will first review the application to confirm the lot fronts a municipally maintained road.
4. Once the application is approved to be processed, your cheque will be deposited.
5. Cramahe Foreman designate will review your entrance location.

Note: If an entrance cannot be accommodated on the lot, the entrance application will be denied. One thousand dollars will be returned to the applicant with the reason(s) why the entrance application was denied.

6. When the location is approved, Cramahe engineering designate will provide the applicant with written installation requirements, i.e., culvert and ditching to be done.
7. Upon completion of the entrance and other required work, the applicant must make the request **in writing** for final inspection and refund. This may be done by emailing lvandervoet@cramahe.ca or dropping a note off at the front counter. **Please provide your current mailing address when requesting your refund**
8. The Cramahe engineering designate will inspect the final entrance installation based on his/her installation requirements. Upon approval, **\$1000.00 per entrance shall be returned to the person who made the deposit.**
9. Driveway entrance deposits unclaimed after three years revert back to the Township.

Township of Cramahe – Entrance Permit Application

(Reviewed for processing by _____ Date _____)

Property owner's name _____

Developer's name _____

Owner's mailing address _____

Telephone # _____ Email _____

Roll number of property _____

Lot location: Lot _____ Concession _____

Reason for entrance _____

Entrance will be from _____ side of _____
(name of road)

Between _____ and _____
(name of road) (name of road)

Provide closest 911# East of _____ & West of _____ or

South of _____ & North of _____

Date _____ Signature of applicant _____

For office use only

Deposit received on _____

Comments for location or additional work _____

Applicant advised of requirements on _____

Final inspection date _____

Approved _____

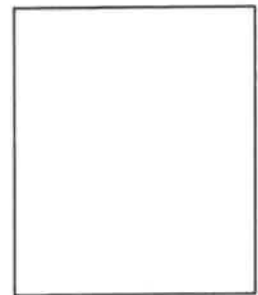
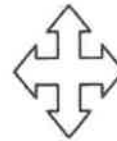
Internal audit # _____

Date of refund _____

911 # Assigned _____

Curb Deposit Required? _____

Show location of entrance using dimensions from corners of lot



Name of road: _____



Township of Cramahe 911 Sign Application

For Office Use Only	
Reviewed for processing by:	
Date Received:	
\$50 Payment Received:	
911 # Assigned	
EPA # Assigned	

* Copy of GIS or Mapping Included Y N

* Does signage require installation Y N

Property Owner's Name: _____

Owner's Mailing Address: _____

Telephone Number: _____

Email Address: _____

Roll Number of Property: _____

side of _____
(Municipal Road Name)

Closest 911 Address: to the left _____, to the right _____, across the road

The entrance is requested to be located on:

Lot _____ Concession _____ Township of _____ or Plan
Number _____

Reason For Request: Circle One

Out of sequence numbering Wrong number posted New sign required

Damaged Sign (How?) Missing Sign Incorrect location

Vacant lot Duplicate address Emily Project

Corporation of the Township of Cramahe

P.O. Box 357, Colborne, Ontario K0K 1S0 • T (905)355-2821 • F (905)355-3430



Site Plan Example - New Construction

