



The Building Code Act requires compliance to other applicable law and items identified under the Municipal Building By-law prior to issuance of a building permit.

In order to determine compliance the City of Sarnia has developed the attached Development Review Form (DRF) as a general guideline for residential and small construction projects. Failure to complete this form and submit all required approvals as note on the DRF leaves municipal staff unable to determine compliance to other applicable law and thus a building permit will not be reviewed or issued.

The Development Review Form does not form part of the building permit application and thus can be submitted prior to building permit application if so desired. If submitted at the same time as the building permit application time frames as set out in the Building Code Act will not commence until such time as the DRF is complete and all approvals have been received.

DEVELOPMENT REVIEW FORM:

- Demolish
 Construct
 Alter/Repair

Sections outlined below deal with applicable law as outlined in section 1.1.3.3. of the O.B.C , and the Municipal Building By-law as per section 7 of the BCA. Prior to the acceptance of a building permit application, all sections must be fully completed and approved by the appropriate authorities. Time frames for issuance of permits under the BCA, due not commence until all items below are completed and submitted with a complete building permit application to the municipality. This form is only a guideline development in our area, additional reviews and approvals may be required for larger or more complex projects.

| For use of Municipality | | | |
|-----------------------------|-------------|----------------|----------|
| Application number: | | Date Approved: | |
| Date received (yyyy/mm/dd): | | Reviewed by: | |
| Full Address of project | | Unit Number | Lot/con. |
| Building Number | Street Name | | |

| A) Zoning Compliance. To obtain property zoning, contact City of Sarnia Planning office at 332-0330. Drawings outlined in section "I" required with submittal of this form | | | |
|--|-----------|--------------------------|--------------------|
| Property Zoning | | Proposed use of building | |
| Building Size | | | |
| Width | Length | Height | Area |
| Finished Floor Area (do not include garage, unfinished basement, attic or crawls spaces) | | | |
| Basement | Ground | 2 nd FL | 3 rd FL |
| 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 to Site Plan Control or Zoning Amendment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes attach copies of approvals. | | | |

B) 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 plans as outlined in section "I" for approval by the City Engineer

C) Ontario Heritage Act

- Does the development deal with a historical designated or listed building Yes No
- If yes, provide letter of approval from the Sarnia Heritage Committee.

D) Agricultural

Minimum Distance Separation

Non-livestock related construction

Are there any structures capable of housing livestock within 1000m (3280 ft) of this proposed structure? Yes No.

Livestock related construction

Are there any residential structures within 1000m (3280 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

E) Conservation Authority

Is the proposed development in a flood, erosion or dynamic beaches controlled area?

- St Clair Region Conservation Authority – 519-245-3710

Does the proposed construction require Conservation Authority review? Yes No

If yes, provide a copy of Permit Issued.

F) Source Water Protection

Is this project a commercial, agricultural, or industrial application? Yes No

Is the subject property located to the north of Highway 402 **or** south of Confederation Street/Line? Yes No

Does the proposal involve fuel handling/storage ≥15,000 litres? Yes No

If yes to all three above, provide a copy of Section 59 - Screening Form (Clean Water Act).

G) Septic Permit

Does the development require installation of a new septic system? Yes No

Does the development require alterations of an existing septic system? Yes No

Does the development increase the number of bedrooms? Yes No

Does the development increase the number of plumbing fixtures? Yes No

If yes, provide Septic Permit number _____.

H) Access permit

Does the development require new access onto a County road? Yes No

Does the development require access approval for MTO? Yes No

If yes, please provide letter of approval from MTO.

Does the development require new access onto a Municipal road? Yes No

If yes please provide plans as outline in section "I" for approval by the City Engineer

I) Service Connection

Does the development require connection to municipal services? Yes No

If yes please provide plans as outline in section "I" for approval by the City Engineer

J) Backflow Prevention

Does the development require installation of a premise isolation backflow prevention device according to the City of Sarnia By-Law 89 of 2016?

Yes No

If yes, what type of backflow prevention device will be installed according to the by-law; Schedule A: Classification Guide to Degree of Hazards? _____

For questions relating to the Backflow prevention program, please contact:

-Katherine Gray, Water and Wastewater Compliance Inspector – 519-332-0527 ext 2245

K) Plans and specifications information

Should applicant be required to submit multiple drawings all information can be supplied on one set of drawings containing all required information. Drawings are required to be to scale, legible and include:

- o **Zoning Compliance.** Site plan showing lot lines and dimensions, new and existing building sizes and locations, building height, building setbacks, street names, municipal address and north arrow, reference to legal survey or note stating survey stakes located and confirmed on site.
- o **Lot Grading.** Site plan showing lot lines and dimensions, new and existing building sizes and locations, building setbacks, location of paved surfaces, street names, municipal address and north arrow, location of septic field, reference to legal survey or note stating survey stakes located and confirmed on site, (geodetic elevations) and drainage arrows. Lot grading plans must bearing the signature and seal of a Professional Engineer, Landscape Architect, or Ontario Land Survey.
- o **Access Permit.** Site Plan showing lot lines and dimensions, drive way location and width.
- o **Service Permit.** Site Plan showing lot lines and dimensions, building setbacks, street names, municipal address and north arrow, location of service lines, location of driveways and sidewalks.

L) Declaration of applicant

I, _____ certify that:
(Print name)

1. The information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. As the Owner/contractor I take responsibility to ensure compliance to all federal, provincial and municipal legislation and or regulations prior to, during and after construction. I will not hold The City of Sarnia or its employees liable for any actions by myself resulting in; non issuance of a permit, revoking of a permit, civil 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 section 7 subsections 8(2) of the *Building Code Act*, 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 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: _____ (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 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: Owner or Authorized agent of owner

| | | |
|-------------------------|-------------|----------------------------|
| Last name | First name | Corporation or partnership |
| Street address | Unit number | Lot/con. |
| Municipality | Postal code | Province/territory |
| 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/territory |
| 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 |
| Telephone number () | | Fax () | E-mail |
| 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 authorization, 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

| A. Project Information | | | |
|---|---------------|---|---|
| Building number, street name | | Unit number | Lot/con. |
| Municipality | Postal code | Plan number/ other description | |
| B. Sewage system installer | | | |
| 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) |
| C. Registered installer information (where answer to B is "Yes") | | | |
| Name | | BCIN | |
| Street address | | Unit number | Lot/con. |
| Municipality | Postal code | Province | E-mail |
| Telephone number () | Fax () | Cell number () | |
| D. Qualified supervisor information (where answer to section B is "Yes") | | | |
| Name of qualified supervisor(s) | | Building Code Identification Number (BCIN) | |
| | | | |
| E. Declaration of Applicant: | | | |
| <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> <ol style="list-style-type: none"> 1. The information contained in this schedule 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. <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p> | | | |

Questions or Concerns - Please Contact:
 County of Lambton - Plumbing Inspection Dept.
 Telephone: (519) 845-0801

SCHEDULE '2'

Plumbing Information

| | |
|-------------|---------------------------|
| Owner Name: | Address of Proposed Work: |
| Plumber: | Municipality: |

Please list the number of fixtures per floor on the following chart.

| FLOOR | Basement | 1 | 2 | 3 | 4 | Total Number | X | Fixture Units | Total Fixture Units |
|------------------------|----------|---|---|---|---|--------------|--------------------------|---------------|---------------------|
| Water closet | | | | | | | X | 4 | |
| Bath tub | | | | | | | X | 1.5 | |
| Wash basin | | | | | | | X | 1.5 | |
| Kitchen sink | | | | | | | X | 1.5 | |
| Laundry tubs | | | | | | | X | 1.5 | |
| Floor drain | | | | | | | X | 2 | |
| Showers | | | | | | | X | 1.5 | |
| Urinal | | | | | | | X | 1.5 | |
| Clothes washer | | | | | | | X | 1.5 | |
| Dish washer – domestic | | | | | | | X | .5 | |
| Other sinks | | | | | | | X | 1.5 | |
| Drinking fountain | | | | | | | X | .5 | |
| Hot water heater | | | | | | | X | | |
| Sewage Pump | | | | | | | X | | |
| Grease Interceptor | | | | | | | X | | |
| Other fixtures | | | | | | | X | | |
| TOTAL | | | | | | | Total Fixture Unit Count | | |

| | | |
|-----------------------|------------------|--------------------|
| No. of Dwelling Units | R.W.L. | Water Lines |
| Soil Vent Stacks | Sanitary Lateral | Oil Interceptor |
| Catch Basin | Storm Lateral | Backflow Preventor |
| Lawn Sprinkler System | | |

Signature

Date

EASEMENTS AND RIGHT-OF-WAYS ON PROPERTY

ARE THERE ANY EASEMENTS OR RIGHT-OF-WAYS LOCATED ON THE PROPERTY? IF YES, PLEASE INDICATE ON THE SITE PLAN.

YES

NO

SUPPLEMENTARY INFORMATION FOR APPLICATION FOR PERMIT TO CONSTRUCT

The following plans in duplicate shall be filed with this application and one set shall be retained by the Building Department.

1. A Plot Plan shall show the Lot Number, Registered Plan Number, Concession Number, Resultant Tie, Lot Dimensions, Street Name, North Arrow, the dimensions of the existing and/or proposed structure with the dimensions to the lot lines, the date, and the name and address of the Owner. If a land division is proposed a copy of the Reference Plan prepared by an Ontario Land Surveyor must accompany the plot plan. If a Plan of Survey of the subject land is in the possession or under the control of the Owner, a copy of such plan of survey must accompany the application.
2. A detailed Cross Sectional Plan from the footings to the highest point and through the complete structure;
3. Foundation Plan;
4. Floor Plans;
5. Complete Elevation Plans;
6. Proposed Grading Plan prepared by an Ontario Land Surveyor

The following Certificate by an Ontario Land Surveyor is required:

1. Certificate of Location as to vertical and horizontal location of foundation walls, before framing starts;
2. Final Grading Certificate confirming proposed grading.

Inspection Requests must be submitted to the office at least one (1) working day before inspection is to be carried out for each of the following:

1. Footing Inspection
2. Foundation Inspection
3. Framing Inspection
4. HVAC Inspection
5. Insulation Inspection
6. Occupancy Inspection
7. Final Inspection completed prior to releasing of damage and security deposit

The Owner further understands and agrees that:

1. All payments required to be made to the City of Sarnia to connect up to the Municipal Water Supply shall be paid at the time the Building Permit is issued;
2. The Permit shall be kept posted and protected in a conspicuous place at the Project Site;
3. Change in Plans without the approval of the Chief Building Official is prohibited;
4. A Separate Application is required to occupy a City street, sidewalk, curb or roadway and any costs to the City for damages to them or other municipally owned property will be paid by the Owner to the City of Sarnia;
5. No work on City property shall be undertaken without the approval of the City Engineer;
6. No open air burning of material is permitted;
7. All Plumbing must be in accordance with the current plumbing requirements of the Ontario Building Code respecting Plumbing;
8. All welding in building constructed shall be in accordance with Canadian Standards Association requirements;
9. This application must be made by, and signed by, the Owner or Agent of the Subject Lands;
10. Municipal Water Corporation Stops must be workable and visible to the Inspector and at grade level prior to the release of the Security Deposit;
11. Exterior House Sewer Lateral cleanout covers must be of cast iron or steel construction and at grade level prior to release of the Security Deposit;
12. Water Meters must be installed and in working order before Occupancy Inspection.
13. Electrical Safety Authority is to be contacted for electrical services.

The Owner or Agent hereby applies for a Permit to construct according to the plans and specifications (including Plot Plan) herewith submitted and agrees to comply with all applicable laws and regulations, including the Ontario Building Code. It is expressly understood and agreed that the issuing of a Permit does not relieve the Owner or Agent from complying with all said laws and regulations although not called for in the specifications or shown on plans submitted. The Owner or Agent further agrees that if the permit issued is revoked for any irregularity or non-conformity with the said laws or regulations or variation from the plans and specifications submitted herewith, the Owner or Agent shall have no claim or cause of action against the City for same, or the results thereof, including, without limited the generality of the foregoing, the necessity of repairing, demolishing or taking any other steps in relation to the property of the work done thereon. The Owner or Agent further agrees, at all times, to indemnify the Corporation from any and all claims for damages to persons or properties, including costs of repairs to or replacement of sidewalks, trees, curbs, gutters or lawns arising out of any or all acts or work being done in connection with the work outlined herein.

The City may use the security and damage deposit or any part of it to cover the cost of doing or causing to be done anything that should be completed in connection with this application. The Owner/Applicant shall be entitled to payment of all or part of the security and damage deposit after the final inspection has been approved.

The City may use the damage and security deposit or any part of it to cover the cost of repairing any damage to Municipal Services (sidewalks, curbs, landscaping, etc.), adjacent to the lot for which this permit has been issued. The Owner/Applicant shall be entitled to payment of all or any part of the security and damage deposit after the Final Inspection has been approved.

If Municipal water and/or sewage disposal is not available, I attach a County of Lambton Certificate certifying septic tank approval.

It is the applicant's responsibility to make certain that any work undertaken in connection with this application does not interfere with any sewage disposal system without the approval of the County of Lambton Plumbing Department.

| | | | |
|-----------------------|-------|---------------------------------|-------|
| Septic Certificate: | _____ | Permit Fee: | _____ |
| Plumbing Permit: | _____ | Development Charge: | _____ |
| Type of Heating Unit: | _____ | Debenture Charge: | _____ |
| Water Meter Size | _____ | Security & Damage Deposit: | _____ |
| | | Water Meter Charge: | _____ |
| | | Water Fee Charge: | _____ |
| | | Engineering Lot Grading Review: | _____ |
| | | Fire Department Review: | _____ |
| | | TOTAL: | _____ |

BUILDING PERMIT

Date: _____

In the terms of the above application and declaration, a permit is herein granted, subject to immediate cancellation for failure to carry out the above specifications.

CHIEF BUILDING OFFICIAL