

# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

For use by Principal Authority			
Application number:	Permit number (if different):		
Date received: <p style="text-align: center;">October 20, 2022</p>	Roll number:		
<p><b>Application submitted to: <u>TOWN OF LAKESHORE</u></b></p> <p style="font-size: small;">(Name of municipality, upper-tier municipality, board of health or conservation authority)</p>			
A. Project information			
Building number, street name <p style="font-size: large; color: purple;">7119 Tecumseh RD</p>		Unit number	Lot/con.
Municipality <p style="font-size: large; color: purple;">LAKESHORE</p>	Postal code	Plan number/other description <p style="font-size: large; color: purple;">PARTS 1 &amp; 3 RP 12 R24221</p>	
Project value est. \$		Area of work (m <sup>2</sup> )	
B. Purpose of application			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit			
Proposed use of building <p style="font-size: large; color: purple;">To be Demolished</p>		Current use of building <p style="font-size: large; color: purple;">vacant (Previously church)</p>	
Description of proposed work			
C. Applicant			
Applicant is: <input checked="" type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name <p style="font-size: large; color: purple;">LACHINE</p>	First name <p style="font-size: large; color: purple;">KAMAL</p>	Corporation or partnership	
Street address [REDACTED]		Unit number	Lot/con.
Municipality [REDACTED]	Postal code [REDACTED]	Province <p style="font-size: large; color: purple;">ONT</p>	E-mail [REDACTED] ca
Telephone number [REDACTED]	Fax		
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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**I. Declaration of applicant**

I, KAMAL LACHINE declare that:  
(print name)

- The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

20<sup>th</sup> October 22 \_\_\_\_\_  
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.



# Demolition Permit Information

A. Project Information			
Building number, street name <b>7119 TECUMSEH RD</b>		Roll No.:	Lot/con.
Municipality <b>LAKESHORE</b>	Plan number/ other description <b>PARTS 1 P3 RP 12R24221</b>		
B. Individual / Company performing demolition on building			
Name		Firm <b>UNKNOWN AT THIS TIME</b>	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax number ( )	Cell number ( )	
C. Reason for Demolition:			
Describe the reason for demolition: <b>REDEVELOPMENT OF SITE FOR RESIDENTIAL.</b>			
D. Building Type proposed to be demolished:			
<input type="checkbox"/> House <input checked="" type="checkbox"/> Other (specify building type) <b>FORMER CHURCH</b>			
Description of Building Proposed to be demolished:			
Please answer the following questions: 1) Building is more than 3 stories: (yes / no) _____ 2) Greatest Horizontal Floor Area of Main Floor exceeds 600 square meters (6460 sq. ft.) (yes / no) _____ 3) The building contains pre-tension or post tensioned members?: (yes / no) _____ 4) Will the removal of the footings and foundation affect angle of repose of adjacent buildings? (yes / no) _____ 5) Will explosives or laser be used for demolition?: (yes / no) <b>UNKNOWN</b> if yes what type: _____ (explosive or laser) <b>NOTE: IF "YES" WAS ANSWERED FOR ANY OF THE ABOVE QUESTIONS PLEASE PROVIDE A DEMOLITION PLAN FROM A QUALIFIED ENGINEER FOR DEMOLITION.</b>			
E. Type of Demolition:			
Describe type of method of demolition:  <b>UNKNOWN</b>			
F. Building Vacancy:			
1) Have all occupants vacated the building? (yes / no) _____ 2) Date when occupants will vacate the building: _____			
G. Declaration of owner / applicant			
I <b>KAMAL LACHINE</b> declare that, (print name)			
Applicant to check each box below to indicate that each line was read and the content was fully understood before signing the document:			
1. <input checked="" type="checkbox"/> The information contained in this form is true to the best of my knowledge. 2. <input checked="" type="checkbox"/> I understand that it is my responsibility to notify all agencies of my intent to demolish and have ensured all services have been disconnected and existing services located prior to start of demolition. (i.e. Hydro Company, Ontario One Call, Union Gas, etc.) 3. <input checked="" type="checkbox"/> Water line to be disconnected and inspection scheduled with the Town of Lakeshore Building Department (519-728-2818). 4. <input checked="" type="checkbox"/> Return water meter to Town of Lakeshore Environmental Services (519-728-2488). 5. <input checked="" type="checkbox"/> Inspection will be scheduled for the capping of Sanitary and storm Sewer lines at the property line (Town of Lakeshore Building Department (519-728-2818). 6. <input checked="" type="checkbox"/> All demolished debris and refuse will be brought to a landfill or recycled.			
Date <b>19<sup>th</sup> Oct, 2022</b>			
H. AUTHORITIES TO BE NOTIFIED: THIS SECTION IS FOR OFFICE USE ONLY:			
<input type="checkbox"/> FIRE DEPARTMENT <input type="checkbox"/> ENVIRONMENTAL SERVICES DEPARTMENT			