



DOCUMENTS, FORMS, DRAWINGS AND SPECIFICATIONS REQUIRED

Demolition Permits

1) Demolitions

- a) Description of the structural design characteristics of the building and a method of demolition prepared by a Professional Engineer, licensed to practice engineering in Ontario, where deemed necessary by the Chief Building Official
- b) Site Grading and Rehabilitation Plan
- c) Confirmation that arrangements have been made with the proper authorities for the cutting off and plugging of all water, sewer, gas, electric and telephone or other utilities and services
- d) The Township MAY require proof of liability insurance coverage to not less than \$2,000,000.00. Depending on the proposed demolition, the Township may require additional insurance coverage.
- e) Where a building is designated under the Heritage Act, approval of the Township Council to de-designate the building and permit demolition
- f) Ensure the building does not contain any Asbestos or other Designated Substances as defined in the Occupational Health and Safety Act. If Designated Substances are present, contact the Ministry of Labour for information on management and removal of the Designated Substance
- h) Copy of designated substances report, if applicable

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: 3245-		
Application submitted to: <u style="text-decoration: underline;">The Township of Blandford-Blenheim</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.



Township of Blandford-Blenheim

47 Wilmot Street South Drumbo,
Ontario N0J 1G0

Phone: 519-463-5347

Fax: 519-463-5881

Web: www.blandfordblenheim.ca

Re: DEMOLITION PERMIT

Please be advised that you must complete the attached **Municipal Property Assessment SECTION 357 form** to ensure your municipal taxes are adjusted appropriately.

- Effective from:
 - *The day you receive confirmation that your building permit is complete, approved by the building department, and **closed out**.*

NOTE: It is your responsibility to contact the Building Department at the above address in order to close out your building permit.

TOWNSHIP OF BLANDFORD-BLENHEIM

47 Wilmot St S, Drumbo, Ontario N0J 1G0
 Phone: 519-463-5347 Fax: 519-463-5881

SECTION YES 357 / 358 / 359 APPLICATION

Application / Appeal #:
Taxation Year:

Municipality: Township of Blandford-Blenheim
 Property Address: _____
 Owner Name: _____
 Mailing Address: _____

Roll Number: 32-45-
 Applicant Name: _____
 Contact Number: _____
 Alternative Number: _____
 Email Address: _____

Reason for s357 application: (Check one box - applicable to s357 only)			
<input type="checkbox"/>	Ceases to be liable for tax at rate it was taxed - 357 (1)(a)	<input type="checkbox"/>	Became vacant or excell land - 357 (1)(b)
<input type="checkbox"/>	Became exempt - 357 (1)©	<input type="checkbox"/>	Sickness or extreme poverty - 357 (1)(d.1)
<input checked="" type="checkbox"/>	Razed by fire, <u>demolition</u> or otherwise - 357 (1)(d)(i)	<input type="checkbox"/>	Mobile unit removed - 357 (1)(e)
<input type="checkbox"/>	Damaged and substantially unusable - 357 (1)(d)(ii)	<input type="checkbox"/>	Gross or manifest clerical / factual error 357 (1)(f)
<input type="checkbox"/>	Repairs/Reno's preventing normal use (min. 3 months) - 357 (1)(g)		

Details of Reason for s357, s358, or s359 application: _____

Effective from: _____ to _____ Applicant Signature: _____
 (MM/DD/YY) Date: _____

ASSESSMENT REPORT: Municipality		TREASURER'S COMMENTS:	
Assessment Roll As Returned			
RTC / RTQ	Current Phased Assessment		

Treasury Position: Deputy Treasurer

Signature: _____
 Katie Koski

Date: _____



Township of Blandford-Blenheim
AUTHORIZATION FORM
Building Department

Please complete if the person applying for the building permit is **not the property owner**, or if there are **multiple owners of a property and one owner is applying for a permit**.

If your contractor or agent is filling out your permit application, this form must be completed.

Municipal Address: _____
Legal Description: _____
Permit Application No.: _____

This document shall serve to notify the Township of Blandford-Blenheim that I am/we are the legal owner(s) of the property described above and do authorize the person indicated below ("Authorized Agent") to act on my/our behalf on all matters pertaining to the Building Permit Application and authorize the Authorized Agent to sign all related documents on my/our behalf.

Name of Property Owner(s): _____
Mailing Address: _____

Email: _____
Telephone: _____
Signature of Property Owner(s): _____
Signature of Property Owner(s): _____

Name of Authorized Agent: _____
Company Name: _____
Mailing Address: _____

Email: _____
Telephone: _____
Signature of Authorized Agent: _____

All registered owners of the property shall sign this Authorization Form. Use additional sheets if necessary. A new Authorization Form must be submitted to the Township if ownership of the property changes prior to issuance of the building permit or before final approval is granted.

Personal information contained in this form 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 Act, and the OBC. Questions about the collection of personal information may be addressed to the Chief Building Official of the Township of Blandford-Blenheim.