

Building Permit Requirements

Unit Finish or Interior Alteration Industrial, Commercial or Institutional Occupancies

The following information is required at submission.

Building Permit Application Package

1. **Completed building permit application** consisting of:

- "Application for a Permit to Construct or Demolish"
- "Schedule 1: Designer Information"
- "Owner's Authorization for Agent to Make an Application", if applicable
- Commitment to General Review where required
- Detailed letter of use describing the nature of the operation or business, the number of employees and the occupant load for assembly type uses (restaurants, clubs, etc). Industrial storage or manufacturing uses shall include a detailed description of the processes and materials or chemicals used or stored and the method of storage.

2. **Three (3) copies** of plans and specifications drawn to scale which must include:

- Key Plan** - Indicate the suite, unit or project area in relation to the rest of the building and provide the use or occupancy of adjacent units.
- Architectural Plans**
 - Provide room and space dimensions
 - Clearly identify the use of all rooms and spaces
 - Identify existing and new construction
 - Provide construction details and specifications for proposed construction including all fire-rated assemblies
 - Identify the construction detail and fire resistance rating of both new and existing demising walls
- Structural Plans** - provide design criteria, construction details and specifications for all proposed structural modifications.
- Mechanical Plans**
 - HVAC
 - Provide distribution system plan including unit location and specification, duct sizes and volume, damper and fire stop flap locations
 - Provide two (2) copies of load calculations
 - PLUMBING
 - Indicate existing and proposed fixtures
 - Specify required clearances of fixtures
 - Where new fixtures are proposed provide a sanitary drain layout and pipe size



Town of Innisfil
Community Development Standards Branch
2101 Innisfil Beach Road
Innisfil, Ontario
L9S 1A1
705-436-3710

SPRINKLER

- Provide sprinkler layout (and hydraulic calculations where applicable) in conformance with NFPA 13

ELECTRICAL

- Show the location of all required exit signs and emergency lights
- Where a fire alarm system is required provide the fire alarm drawing conforming to CAN/ULC S524-M
- Mag locks and hold open devices require submission of technical information on devices and tie into fire alarm system
- Commercial cooking facilities** must be equipped with an exhaust system designed in compliance with NFPA 96
- Restaurants** may be required to provide climate controlled garbage facilities.

NOW ACCEPTING DIGITAL APPLICATIONS, PLEASE EMAIL YOUR COMPLETED BUILDING PERMIT APPLICATION PACKAGE (including all required forms and one (1) copy of drawings) TO: BUILDINGPERMIT@INNISFIL.CA

FOR MORE INFO PLEASE VISIT: innisfil.ca/buildingpermits

Building Permit Issuance

1. Where a permit is to be issued to a party other than the owner, a form (Agent Authorization) signed by the owner shall be submitted for the authorization of work to be undertaken on the owner's property.
2. The applicant will be contacted and informed of any matters that arise during the review of the submitted application and supporting documentation. Upon completion of the review the applicant will be contacted by telephone and advised of any action necessary in order for the permit to be issued.
3. A complete application for a unit finish or interior alteration of an industrial, commercial or institutional occupancy must be declined or issued within 15-30 business days in accordance with the Ontario Building Code.
4. **Permit Fee:** See building for fee, dependent on use of building. Fees are payable upon issuance. Fees are charged in accordance with the Town's Fees and Charges By-law, and are subject to change.

Permit Application Submissions:
buildingpermit@innisfil.ca

Inspection Requests:
www.innisfil.ca/eservices
705-436-3740 ext. 3500

General Inquiries:
Customer Service
705-436-3710

**Application for a Permit
To Construct or Demolish**

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



**Town of Innisfil
Building Department**
2101 Innisfil Beach Road,
INNISFIL, ON L9S 1A1
Tel : 705-436-3710
1-888-436-3710
Fax: 705-436-7120

For use by Principal Authority

Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: The Town of Innisfil, 2101 Innisfil Beach Rd, Innisfil, Ontario

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	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 required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the Building Code Act, 1992, 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, ON M5G 2E5 (416) 585-6666



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:

- 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.
- 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.

**Owner's Authorization for
Agent to Make an Application**



**Town of Innisfil
Building Department**
2101 Innisfil Beach Road,
INNISFIL, ON L9S 1A1
Tel : 705-436-3710
1-888-436-3710
Fax: 705-436-7120

Date: _____ Permit No.: _____

Proposed Work: _____

Location: _____

The undersigned, being the owner(s) of the above referenced property, authorizes

Applicant Name

Address

to apply for a permit for the above referenced project on my behalf. I understand that I shall be responsible for the terms of the conditions contained in the permit.

(If owner is an INDIVIDUAL)

_____	_____
Owner's Name	Address
_____	_____
Owner's Signature	Phone No. / E-Mail

(If owner is a CORPORATION)

_____	_____
Owner's Name	Address
_____	_____
Name of Authorizing Officer	Phone No. / E-Mail

Signature of Authorizing Officer (I have authority to bind the Corporation)	