

TOWNSHIP OF DRUMMOND/NORTH ELMSLEY

Deck/Porch Guide & Permit

Summary of Building Permit Rates

(calculations are based on outside dimensions)

As set out in Bylaw 2017-029 passed May 9, 2017

New Dwelling Living Space	50 cents/sq ft
Additions to Dwelling Living Space	50 cents/sq ft
Major Renovations, Enclosed Decks, Finished Basement	50 cents/sq ft
Detached Accessory, Residential Attached Garage or Carport and Unfinished Basements	35 cents/sq ft
Minor Renovations less than 215 square feet or unenclosed decks/porches	25 cents/sq ft
Farm Building & Renovations	10 cents/sq ft or \$1.076 sq m Max \$200 if structure less than 600 sq m Max \$2,500 if structure is more than 600 sq m
Solid Fuel (Woodstove, Outdoor Furnace etc)	\$60.00
Plumbing	\$60.00
Demolition	\$60.00
Minimum Permit Fee	\$60.00
Pool Permit	\$50.00
Reactivation of permits more than 2 years since last inspection	100% of original fee, not to exceed \$250
Extensive plan examination greater than 3 hours	\$75/hr

***Permit fees are calculated by the Chief Building Official.**

This is a partial list of fees, for a full list contact the Municipal Office for a copy of the By-law.

Other Fees that May be Applicable

Development Charge \$2,875.00 (or the applicable Development Fee at the time of the issuance of this permit. This fee applies to new dwelling units on vacant lots)

County Development Charge \$700 (or the applicable Development Fee at the time of the issuance of this permit. This fee applies to new dwelling units on vacant lots)

Civic Address Sign\$70.00

Entrance Permit\$1000.00 (\$100 for permit, \$900 deposit)

For Entrance onto a County Highway please contact the County at 613-267-4200

Starting Construction without a Permit or Authorization.....\$250.00

***Septic Permits contact Health Unit (613-283-2740)**

***Electrical Permit see Electrical Safety Authority (1-877-372-7233)**

***Conservation Authority approval – Conservation Authorities (MVCA 613-259-2421 x 244)
(RVCA 613-692-3571 x 1100)
Or (613-267-5353x 131)**

SUPPORTING DOCUMENTS

TO BE ISSUED A BUILDING PERMIT, THE FOLLOWING SUPPORTING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION FORM:

1. **Plans and Specifications**

One complete set of drawings and specifications are to be submitted to the Building Department and will remain on file. After examination for conformance to the Ontario Building Code, a set of plans must be kept on site at all times. Inspections will not be conducted without them. Construction must be in accordance with the plans. If any changes are required, revised drawings must be submitted to the Building Division for review.

2. **Site Plan**

A copy of a site plan is required and will remain on file. The site plan shall be drawn to _____ scale (or have accurate measurements noted) and shall show the following:

- dimensions of the lot
- proposed location and dimensions of all buildings, decks and other structures (existing and proposed)
- proposed distance of all setbacks dimensions
- location of existing or proposed water supply, sewage disposal, easements etc.
- grading and drainage
- walkways, driveways
- exterior mechanical equipment (ie. air conditioners, heat pumps, etc.)
- legal description of lot
- street name
- septic field and tank

3. **Foundation Plan**

If the deck or porch is constructed with a full foundation (4' to 6' below grade), showing the following.

- size and location of both strip and column footings
- size and location of foundation wall footings
- thickness and strength of concrete for poured foundation
- thickness of concrete block (if used for foundation)

4. **Cross Section**

Showing the construction of the following assemblies:

- roof
- exterior wall (brick or siding)
- interior wall
- foundation wall (including insulation if any)
- floor assemblies (include basement slab)
- size of footing
- size of sill plate and anchor bolt size and spacing
- soffit and fascia treatment
- finish grade location
- floor to ceiling heights
- roof pitch

OWNERS RESPONSIBILITIES

1. **Posting of Permit**

The Building Permit card must be posted so it can be seen from a public right-of-way.

2. **Listing of Inspections**

The owner of the property is responsible to notify the Building Division at least 48 hours in advance of the stages of construction for the necessary inspections. Please contact the Building Department for your inspections at 267-6500 or email cbo@dnetownship.ca

Please be advised as the owner you are responsible for calling for the appropriate inspections. The list on the back of the permit is to be considered but you are responsible for considering the unique elements in your project. A rule of thumb is never cover up work, without an inspection and if a system within the building is completed call for an inspection.

The following must be completed before any inspection, and a copy of the reviewed plans must be on site, otherwise the inspection will not be carried out.

a. **Backfill Inspection**

(For full foundation, prior to backfilling)

- column footings, anchor bolts
- required foundation wall bracing
- a Geotechnical Soil Report may be required depending on the soil conditions

b. **Framing Inspection**

(Ready for insulation)

- wall framing
- construction of roof, including shingles
- installation of all exterior doors and windows
- electrical roughing completed

c. **Insulation and Vapour Barrier Inspection**

(If applicable, ready for drywall)

- placement of insulation in all required locations
- installation of vapour barrier
- sealing of all wires, receptacles, in walls and ceilings

d. **Final Inspection or Occupancy**

- interior finishes
- functional lighting and heating systems
- attic access hatch c/w weather stripping

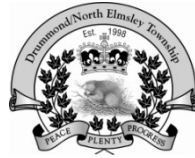
e. **Final Exterior Inspection**

- exterior finishes
- flashing and caulking

f. **Final Grading (Roads Department)**

All site work is completed.

Note: A dwelling may be occupied if unfinished is the building conforms to 2.4.3.2(1) of The Ontario Building Code. An inspection is required before occupancy.



Township of Drummond/North Elmsley

310 Port Elmsley Road
RR #5, Perth, Ontario K7H 3C7
cbo@dnetownship.ca

Office 613-267-6500
Fax 613-267-2083

Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

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. Applicant <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner					
Applicant is:					
Last name		First name		Corporation or partnership	
Street address				Unit number	Lot/con.
Municipality	Postal code	Province	E-mail		
Telephone number ()	Fax ()		Cell number ()		
C. 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 ()		
D. 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 ()		

E. 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	
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 (Health Unit Permit) 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 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 _____ certify 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. 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 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.

J. Project Information				
Building number, street name			Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description		
K. 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 ()	
L. Design activities undertaken by individual identified in Section B. [Building Code Table 2.20.2.1]				
<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				
M. Declaration of Designer				
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p><input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Firm BCIN: _____</p> <p><input type="checkbox"/> I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. of the Building Code.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="padding-left: 40px;">Basis for exemption from registration and qualification: _____</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. I have authority to bind the corporation or partnership (if applicable). <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Date Signature of Designer </p>				

*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.



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check box if Plans are submitted.

if Construction Plans are not submitted complete this following form giving applicable

CONSTRUCTION DETAILS

1. Construction Type:

- Frame Protected Frame Veneer Masonry
 Reinforced Concrete Steel Other

2. Soil Type:

- Rock Clay Loam Other
Are special foundations required? Yes No

3. Foundation: Wall Thickness _____

Type: Poured Block Other (specify) _____

4. Footings: Size _____

5. Floor: Load _____

6. Water: Well Other (specify) _____

7. Heating: Gas Oil Electric Other (specify) _____

8. Ventilation: Required Ventilation Summary has been Submitted – attached; or N/A

9. Please indicate the number of new bedrooms and/or water fixtures proposed.

_____ New bedrooms

_____ Water fixtures

10. Septic Approval Approval Obtained (See submitted copy of approval)

11. CSA or other Approval No. on Fuel Burning Application: _____

12. Chimney Existing New

CSA or other Approval No. on Fuel Burning Appliance: _____

For New Construction Only:

13. Parking:

Number of (outdoor) parking spaces: _____

Distance from parking spaces/area to lot lines (viewed from road)

Left Side Yd _____ ft.

Right Side Yd _____ ft.

Rear Yd _____ ft.

Front Yd _____ ft.

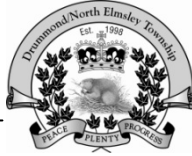
N/A (no new residential dwelling)

14. Access:

Distance from edges of driveway to lot lines

Left Side _____ ft. Right Side _____ ft.; N/A (no new residential dwelling)

Entrance approval Received (copy enclosed) Pending



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IMPORTANT: If Site Plan is not included complete this form.....

SITE SKETCH/PLAN

1. Dimensions of:
Proposed Structure: Length _____, Width _____, Height _____, Area Sq. Ft. _____
Deck: Length _____, Width _____, Height _____, N/A
2. Setbacks From Proposed Structure to Lot Lines:
3. Left Side Yd: _____ ft., Right Side Yd: _____ ft., Rear Yd: _____ ft., Front Yd: _____
4. Lot Dimensions:
Lot Area: _____ acres \pm ; Lot Size _____ ft. x _____ ft. \pm
5. Is this a Corner Lot? YES NO
6. Has this property been designated under the Ontario Heritage Act? YES NO

****Include on site sketch for existing and proposed structures, (as appropriate)**:**

- | | | |
|------------------|---|---|
| 1) Distances to: | <input type="checkbox"/> all lot lines | 2) <input type="checkbox"/> road location |
| | <input type="checkbox"/> septic (tank and tile bed) | 3) <input type="checkbox"/> number of storeys |
| | <input type="checkbox"/> well | 4) <input type="checkbox"/> dimensions |
| | | 5) <input type="checkbox"/> area (sq. ft.) |

