



**This is NOT a Permit**

# Construct NEW / ADDITIONS - Commercial

## Permit Application Form

**PLEASE RETURN BOTH PAGES 1 & 2**

<b>CONSTRUCTION ADDRESS:</b>		Street No.	Street Name	Unit No.
Tenant Name:		Contact Person		Phone No.
<b>CONTRACTOR INFORMATION:</b>	<b>APPLICANT</b>	Company Name (print)		Contact Person
		Mailing Address		Daytime Phone No.
		Email Address		Fax No.
	<b>CONTRACTOR</b>	Company Name (print)		Contact Person
		Mailing Address		Daytime Phone No.
		Email Address		Fax No.
	<input type="checkbox"/> <b>DESIGNER</b>	Company Name (print)		Contact Person
	<input type="checkbox"/> <b>ARCHITECT</b>	Mailing Address		Daytime Phone No.
		Email Address		Fax No.

**GENERAL INFORMATION:**

Value of Construction:	Construction Start Date:	Previous Tenant:
Plans Submitted: <input type="checkbox"/> Imperial <input type="checkbox"/> Metric	New Address Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Square Footage
Occupancy Group:	Part 3 Article 3.2.2	Non Combustible Construction Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Floor Area:	Number of Storeys:	Intended Use of Building:

**STANDARD DOCUMENTATION REQUIREMENTS:**

Plans Required	Drawing #
<input type="checkbox"/> 4 copies of complete construction drawings (complete with site plan)	
<input type="checkbox"/> 2 additional copies of architectural drawings (complete with site plan)	
<input type="checkbox"/> 1 additional copy if Health Department approval required (complete with site plan)	
<b>Documentation Required</b>	
<input type="checkbox"/> 1 copy of present status of title	
<input type="checkbox"/> 1 copy of existing building location certificate (not applicable for vacant land)	
<input type="checkbox"/> Architect or Engineers contact name and phone number	
<input type="checkbox"/> Contractors contact name and phone number	
<input type="checkbox"/> Proposed use of building - eg. (medical clinic with 4 doctors sharing lab & reception facilities)	
<input type="checkbox"/> 2 copies of Letter of Authorization from property owner/manager	

**ZONING REQUIREMENTS**

<input type="checkbox"/> The dimensions of all bldgs. & separations from buildings	
<input type="checkbox"/> Dimensions from all structures to property lines	
<input type="checkbox"/> Parking surfacing indicated on plans	
<input type="checkbox"/> Dimensions & number of parking and loading spaces	
<input type="checkbox"/> All fences, curbs and wheel stops are to be shown on the plans	
<input type="checkbox"/> All accessory structures must be shown	
<input type="checkbox"/> The location of all vent racks and underground tanks must be indicated on plans (applicable to fuel handling services only)	

**PUBLIC WORKS (WATER & WASTE) REQUIREMENTS**

<input type="checkbox"/> The location of existing and/or proposed catch basins	
<input type="checkbox"/> Geodetic plan and calculations of lot grading	
<input type="checkbox"/> Sewer and water connections indicated with sizes and locations	
<input type="checkbox"/> The number of plumbing fixtures in existing and/or proposed building	
<input type="checkbox"/> Construction access indicated	
<input type="checkbox"/> The direction of existing and/or proposed lot drainage patterns	

**PUBLIC WORKS (STREETS) REQUIREMENTS**

<input type="checkbox"/> The type of surfacing on existing approaches shown as (concrete, asphalt, gravel etc.)	
<input type="checkbox"/> The type(s) of vehicles that enter the property shall be indicated	
<input type="checkbox"/> The size and location of existing approaches	
<input type="checkbox"/> The type of existing street surface indicated (concrete, asphalt, gravel etc.)	
<input type="checkbox"/> Existing sidewalks and/or proposed sidewalks	

**HEALTH SERVICES DIVISION REQUIREMENTS (applicable only to FOOD SERVICES ESTABLISHMENT)**

<input type="checkbox"/> A detailed equipment list shall be provided	
<input type="checkbox"/> A finish schedule shall be submitted showing floor, wall and ceiling surfaces	
<input type="checkbox"/> The location and number of bathroom facilities	
<input type="checkbox"/> The total number of seating	
<input type="checkbox"/> The location of all plumbing facilities	
<input type="checkbox"/> The location of all exterior refuse containers	
<input type="checkbox"/> A floor plan/site plan	
<input type="checkbox"/> A full set of plans including the recirculation systems specifications, pool basin layout, including all profiles and surfaces including all elevations, and all appurtenances (diving boards, slides, etc.) and a registration form for construction of structure	

**FIRE PREVENTION REQUIREMENTS**

<input type="checkbox"/> The location and distance of all existing fire hydrants within 300 feet of the building	
<input type="checkbox"/> Details provided if building is fully sprinklered	
<input type="checkbox"/> Details shall be provided to indicate when the building is partially sprinklered and the areas that are sprinklered must be indicated.	
<input type="checkbox"/> The location, dimensions and number of access routes shown on the site plan	
<input type="checkbox"/> The location of all fire department connections shown on the site plan	
<input type="checkbox"/> <b>TENTS ONLY</b> require documentation verifying compliance to ULC-S109	
<input type="checkbox"/> <b>FUEL HANDLING FACILITIES ONLY</b> - technical information, in accordance with the appropriate checklist, must be provided for tank installations and removal.	

**PLAN EXAMINATION REQUIREMENTS**

<input type="checkbox"/> Architectural (Part 3) drawings signed and sealed	
<input type="checkbox"/> Mechanical Drawings signed and sealed	
<input type="checkbox"/> Structural Drawings signed and sealed	
<input type="checkbox"/> Electrical plans and / or details	
<input type="checkbox"/> 2 copies of details and specifications shall be submitted	
<input type="checkbox"/> 2 copies of the door schedules and/or hardware list(s)	
<input type="checkbox"/> The responsible professional shall submit a 'Letter of Responsibility' for PART 3: Fire Protection of building design.	
<input type="checkbox"/> The responsible professional shall submit a 'Letter of Responsibility' for PART 4: Structural of building design.	
<input type="checkbox"/> The responsible professional shall submit a 'Letter of Responsibility' for PART 5: Environmental Separation of building design.	
<input type="checkbox"/> The responsible professional shall submit a 'Letter of Responsibility' for the Mechanical systems for this building.	
<input type="checkbox"/> The responsible professional shall submit a 'Letter of Responsibility' for the Electrical systems for this building.	
<input type="checkbox"/> The responsible professional shall submit a 'Letter of Responsibility' for the 'Life Safety' systems for this building.	

**NOTE:** To assist in the plan review, please provide all building code analysis and previous related correspondence for this building.

**Please submit both pages 1 & 2 of this completed form, including all detailed plans, to the Zoning & Permits Branch, Unit 31-30 Fort Street or Fax to 204-986-6347. For Fax submissions, in addition to plans, all questions and boxes must be completed.**