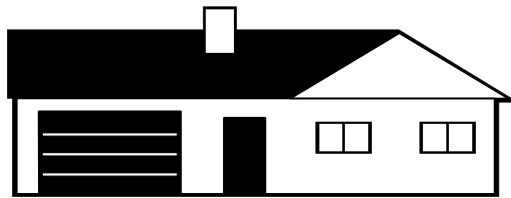


BUILDING A HOUSE

**IN THE
TOWNSHIP of LAURENTIAN VALLEY**



Forms and information required to obtain your Building Permit

LAURENTIAN VALLEY TOWNSHIP
Information Required by Building Department for
Applications for Building a House, addition or renovation

ALL NEW HOUSES THE FOLLOWING ARE REQUIRED

- Application on Provincial Forms (with all applicable information supplied and forms signed)
- Site Plan or Plot Plan, attached
- Structural drawings, showing at minimum all dimensions, spans, size and type of materials to be used.
- Footing & foundation plans
- Floor plans
- Section details
- All elevation plans
- Heating & Ventilation Design Summary
- Culvert Application - for lots on Township roads

ALL PROPOSED BUILDINGS & ADDITIONS ON SEPTIC SYSTEMS

- Application completed in full, complete with required signatures and licence numbers.
- Detailed site plan, showing location and elevations of proposed system complete with dimensions to neighboring wells, water courses, buildings etc.

ANY PROPOSED BUILDINGS ON COUNTY ROADS

- County Entrance Permit, if required 732-4353

ANY PROPOSED BUILDING ON A PROVINCIAL HIGHWAY

- M.T.O. Building Permit,(Within 150' of front lot line) Phone 613 742 5322, Fax 613-748-5297

ANY PROPOSED BUILDING FRONTING ON THE OTTAWA RIVER FLOOD PLAIN

- Elevation Survey prepared by Ontario Land Surveyor
- Engineered foundation plans

Building a house requires a Ministry of Labour Notice of Project, these can be completed online at www.enop.labour.gov.on.ca/ENOPWeb/welcome.do

All electrical wiring must be inspected by the Electrical Safety Authority. Separate inspection applications (permits) must be filed, ESA Customer Service Centre; phone 1-877-372-7233, fax 1-800-667-4278, www.esasafe.com

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:	
Application submitted to: <u>Laurentian Valley Township, 460 Witt Road, 613-735-6291</u>			
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.				
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). (Provincial Application, designer schedule, Section F)			<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. (Township Building By-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				
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <ol style="list-style-type: none"> 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. <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>				

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.

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]				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> House <input type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings </div> <div style="width: 30%;"> <input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection </div> <div style="width: 30%;"> <input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <input type="checkbox"/> On-site Sewage Systems </div> </div>				
Description of designer's work				
D. 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 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Firm BCIN: _____</p> <p><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.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-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="margin-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 submitted this application with the knowledge and consent of the firm. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;"> _____ Date </div> <div style="width: 60%; text-align: center;"> _____ Signature of Designer </div> </div>				

NOTE:

1. 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.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, 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.



RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

For systems serving one dwelling unit & conforming to the Ontario Building Code, O.Reg 159/93



LOCATION OF INSTALLATION

Lot #	Plan #
Township	
Roll #	Permit #
Address	

BUILDER

Name	
Address	
City	
Tel.	Fax

INSTALLING CONTRACTOR

Name	
Address	
City	
Tel.	Fax

COMBUSTION APPLIANCES 9.32.3.1.(1)

- a) ☐ Direct vent (sealed combustion) only
- b) ☐ Positive venting induced draft (except fireplaces)
- c) ☐ Natural draft, B-vent or induced draft fireplace
- d) ☐ Solid Fuel (including fireplaces)
- e) ☐ No Combustion Appliances

HEATING SYSTEM

- ☐ Forced Air ☐ Non Forced Air
- ☐ Electric Space Heat

HOUSE TYPE 9.32.3.1.(2)

- ☐ I Type a) or b) appliances only, no solid fuel
- ☐ II Type I except with solid fuel (including fireplace)
- ☐ III Any Type c) appliance
- ☐ IV Type I, or II with electric space heat
- ☐ Other: Type I, II, or IV no forced air

SYSTEM DESIGN OPTION

- ☐ 1 Exhaust Only/Forced Air System
- ☐ 2 HRV with Exhaust Ducts/Forced Air System
- ☐ 3 HRV Simplified Connection to Forced Air System
- ☐ 4 HRV - Full Ducting/Not Coupled to Forced Air System
- ☐ Part 6 Design

TOTAL VENTILATION CAPACITY 9.32.3.3.(1)

Bsmt & Master Bdrm	_____ @ 10L/s	_____ L/s
Other Bedrooms	_____ @ 5 L/s	_____ L/s
Bathrooms & Kitch	_____ @ 5 L/s	_____ L/s
Other Rooms	_____ @ 5L/s	_____ L/s
TOTAL		_____ L/s

PRINCIPAL VENTILATION CAPACITY 9.32.3.4.(1)

Master Bedroom	_____ @ 15L/s	_____ L/s
Other Bedrooms	_____ @ 7.5 L/s	_____ L/s
TOTAL		_____ L/s

PRINCIPAL EXHAUST FAN CAPACITY

Model:	Location:
_____ L/s	_____ Sones <input type="checkbox"/> HVI

HEAT RECOVERY VENTILATOR

Model:
_____ L/s High _____ L/s Low
_____ % Sensible Efficiency @ -25°C <input type="checkbox"/> HVI

SUPPLEMENTAL VENTILATION CAPACITY

Total Ventilation Capacity	_____ L/s
Less Principal Ventilation Capacity	_____ L/s
required Supplemental Vent. Capacity	_____ L/s

SUPPLEMENTAL FANS 9.32.3.5.

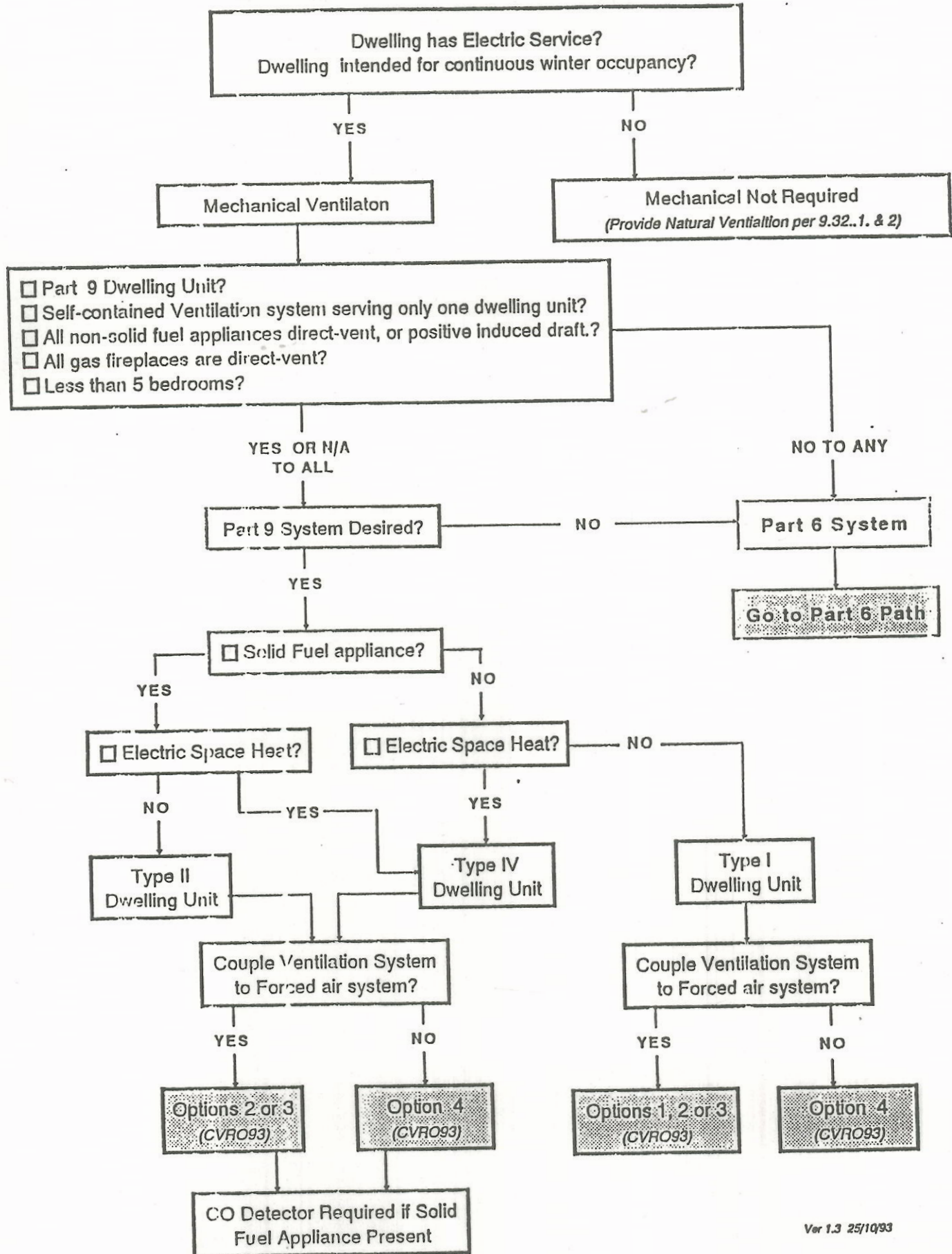
LOCATION	MODEL	L/S	SONES	HVI
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DESIGNER CERTIFICATION

I hereby certify that this ventilation system has been designed in accordance with the Ontario Building Code.

Name
Signature
HRAI#
Date

VENTILATION DECISION PATH (PART 9)





**APPLICATION FOR APPROVAL OF ENTRANCE INSTALLATION
LAURENTIAN VALLEY TOWNSHIP PUBLIC WORKS DEPARTMENT**

460 WITT RD, PEMBROKE, ON K8A 6W5

Tel: 613-735-6291 Fax: 613-735-5820

Name(s) of Owners: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

LOCATION OF PROPOSED ENTRANCE:

Road Name and Civic Address (If Applicable): _____

Municipal Roll No.: 4766 _____ Lot: _____ Concession: _____ Part #: _____

Plan #: _____ Geographic Township: ☐ Alice ☐ Fraser ☐ Pembroke ☐ Stafford

Type of Entrance: Residential ☐ Commercial ☐ Farm ☐ Forestry ☐
Shared ☐ Temporary ☐ Other ☐ _____

Location Description/ Comments: _____

PROPOSED ENTRANCE DETAILS:

Width: _____ m (Typical 6m) Extension to Existing Entrance: Yes ☐ No ☐

If yes, Extension Width Requested: _____ m

Is there an existing entrance to be removed? Yes ☐ No ☐

A Sketch showing the following items must be attached to this form:

- Length of frontage and proposed location of entrance (location to be flagged out on site);
- Location of existing or proposed buildings;
- Location of other entrances on property to remain or be removed. **(Please note, second entrances are only permitted in limited situations subject to certain criteria and may be permitted on a temporary basis only for farming, forestry and aggregate);**
- Distances between existing and proposed entrances (including entrances on other properties within 150 metres as some roadways have a minimum separation requirement);
- Location of any 0.3 metre reserves, shared driveway requirements or right-of-ways or easements (i.e. natural gas pipeline) affecting the property; and
- Any other features (intersections, curves, PSWs, Provincial Highway, County Road, etc.)
- If an Environmental Impact Study (EIS) has been completed, attach a copy as well.

Should my application be approved by the Township of Laurentian Valley, I agree to pay the total cost of the proposed entrance within 30 days of invoice and acknowledge that the cost is \$120.00/m up to 450mm diameter **plus** cost of coupler(s) where applicable and I further understand and acknowledge that the minimum charge is \$250.00. Works are completed by the Township. Return to Navada Sargent, Planning and Recreation Coordinator (nsargent@lvtownship.ca).

Signature of Owner: _____ Date: _____

Energy Efficiency Design Summary: Prescriptive Method

(Building Code Part 9, Residential)

This form is used by a designer to demonstrate that the energy efficiency design of a house complies with the building code using the prescriptive method described in Subsection 3.1.1. of SB-12. This form is applicable where the ratio of gross area of windows/sidelights/skylights/glazing in doors and sliding glass doors to the gross area of peripheral walls is not more than 22%.

For use by Principal Authority	
Application No:	Model/Certification Number

A. Project Information

Building number, street name	Unit number	Lot/Con
Municipality	Postal code	Reg. Plan number / other description

B. Prescriptive Compliance [indicate the building code compliance package being employed in this house design]

<i>SB-12 Prescriptive (input design package):</i> Package: _____ Table: _____

C. Project Design Conditions

Climatic Zone (SB-1):	Heating Equipment Efficiency	Space Heating Fuel Source
<input type="checkbox"/> Zone 1 (< 5000 degree days)	<input type="checkbox"/> ≥ 92% AFUE	<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Solid Fuel
<input type="checkbox"/> Zone 2 (≥ 5000 degree days)	<input type="checkbox"/> ≥ 84% < 92% AFUE	<input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Earth Energy
Ratio of Windows, Skylights & Glass (W, S & G) to Wall Area		Other Building Characteristics
Area of walls = _____ m ² or _____ ft ²	W, S & G % = _____	<input type="checkbox"/> Log/Post&Beam <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> ICF Basement
Area of W, S & G = _____ m ² or _____ ft ²	Utilize window averaging: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Slab-on-ground <input type="checkbox"/> Walkout Basement
		<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Combo Unit
		<input type="checkbox"/> Air Sourced Heat Pump (ASHP)
		<input type="checkbox"/> Ground Sourced Heat Pump (GSHP)

D. Building Specifications [provide values and ratings of the energy efficiency components proposed]

Energy Efficiency Substitutions				
<input type="checkbox"/> ICF (3.1.1.2.(5) & (6) / 3.1.1.3.(5) & (6))				
<input type="checkbox"/> Combined space heating and domestic water heating systems (3.1.1.2.(7) / 3.1.1.3.(7))				
<input type="checkbox"/> Airtightness substitution(s)	<input type="checkbox"/> Table 3.1.1.4.B Required: _____ Permitted Substitution: _____			
Airtightness test required (Refer to Design Guide Attached)	<input type="checkbox"/> Table 3.1.1.4.C Required: _____ Permitted Substitution: _____			
	Required: _____ Permitted Substitution: _____			
Building Component	Minimum RSI / R values or Maximum U-Value ⁽¹⁾		Building Component	Efficiency Ratings
Thermal Insulation	Nominal	Effective	Windows & Doors Provide U-Value ⁽¹⁾ or ER rating	
Ceiling with Attic Space			Windows/Sliding Glass Doors	
Ceiling without Attic Space			Skylights/Glazed Roofs	
Exposed Floor			Mechanicals	
Walls Above Grade			Heating Equip.(AFUE)	
Basement Walls			HRV Efficiency (SRE% at 0° C)	
Slab (all >600mm below grade)			DHW Heater (EF)	
Slab (edge only ≤600mm below grade)			DWHR (CSA B55.1 (min. 42% efficiency))	# Showers _____
Slab (all ≤600mm below grade, or heated)			Combined Heating System	

(1) U value to be provided in either W/(m²•K) or Btu/(h•ft²•F) but not both.

E. Designer(s) [name(s) & BCIN(s), if applicable, of person(s) providing information herein to substantiate that design meets the building code]

Qualified Designer Declaration of designer to have reviewed and take responsibility for the design work.		
Name	BCIN	Signature

Guide to the Prescriptive Energy Efficiency Design Summary Form

This form must accurately reflect the information contained on the drawings and specifications being submitted. Refer to Supplementary Standard SB-12 for details about building code compliance requirements. Further information about energy efficiency requirements for new buildings is available from the provincial building code website or the municipal building department.

The building code permits a house designer to use one of four energy efficiency compliance options:

1. Comply with the SB-12 Prescriptive design tables (this form is for this option (Option 1)),
2. Use the SB-12 Performance compliance method, and model the design against the prescriptive standards,
3. Design to Energy Star, or
4. Design to R2000 standards.

COMPLETING THE FORM

B. Compliance Options

Indicate the compliance option being used.

- SB-12 Prescriptive requires that the building conforms to a package of thermal insulation, window and mechanical system efficiency requirements set out in Subsection 3.1.1. of SB-12. Energy efficiency design modeling and testing of the building is not required under this option. Certain substitutions are permitted. In which case, the applicable airtightness targets in Table 3.1.1.4.A must be met.

C. Project Design Conditions

Climatic Zone: The number of degree days for Ontario cities is contained in Supplementary Standard SB-1

Windows, Skylights and Glass Doors: If the ratio of the total gross area of windows, sidelights, skylights, glazing in doors and sliding glass doors to the total gross area of walls is more than 17%, higher efficiency glazing is required. If the ratio is more than 22%, the SB-12 Prescriptive option may not be used. The total area is the sum of all the structural rough openings. Some exceptions apply. Refer to 3.1.1.1. of SB-12 for further details.

Fuel Source and Heating Equipment Efficiency: The fuel source and efficiency of the proposed heating equipment must be specified in order to determine which SB-12 Prescriptive compliance package table applies.

Other Building Conditions: These construction conditions affect SB-12 Prescriptive compliance requirements.

D. Building Specifications

Thermal Insulation: Indicate the RSI or R-value being proposed where they apply to the house design. Under the SB-12 Prescriptive option, alternative ICF wall insulation is permitted in certain conditions where other design elements meet higher standards. Refer to SB-12 for further details. Where effective insulation values are being used, the Authority Having Jurisdiction may require supporting documentation.

BUILDING CODE REQUIREMENTS FOR AIRTIGHTNESS IN NEW HOUSES

All houses must comply with increased air barrier requirements in the building code. Notice of air barrier completion must be provided and an inspection conducted prior to it being covered.

The air leakage rates in Table 3.1.1.4.A are not requirements. This provision is a voluntary provision for when credits for airtightness are claimed. Credit for air tightness allows the designer to substitute the requirements of compliance packages as set out in Table 3.1.1.4.B or 3.1.1.4.C. Neither the air leakage test nor compliance with airtightness targets given in Table 3.1.1.4.A are required, unless credit for airtightness is claimed. Table 3.1.1.4.A provides airtightness targets in three different metrics; ACH, NLA, NLR. Any one of them can be used. OBC Reference Default Air Leakage Rates (Table 3.1.1.4.A)

Building Type	Airtightness Targets				
	ACH @ 50 Pa	NLA @ 10 Pa		NLR @ 50 Pa	
Detached dwelling	2.5	1.26 cm ² /m ²	1.81 in ² /100ft ²	0.93 L/s/m ²	0.18 cfm50/ft ²
Attached dwelling	3.0	2.12 cm ² /m ²	3.06 in ² /100ft ²	1.32 L/s/m ²	0.26 cfm50/ft ²

The building code requires that a blower door test be conducted to verify the air tightness of the house during construction if the SB-12 Prescriptive option with airtightness credit being applied. Results of the airtightness test may need to be submitted to the Authority Having Jurisdiction. Airtightness of less than 2.5 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of detached houses, or 3.0 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of attached houses is necessary to meet the required energy efficiency standard.

E. House Designer

The building code requires designers providing information about whether a building complies with the building code to have a BCIN. Exemptions apply to architects, engineers and owners designing their own house.