



BUILDING PERMIT SUPPLEMENTARY INFORMATION

PERMIT NUMBER: N20		ISSUED DATE:	
Contact Information:		Owner	Contractor
Name:			Engineer
Address:			
Phone:			
Fax:			
Property Information:		Zoning:	
Roll Number: 3202-		<input type="checkbox"/> AGRICULTURE A1 A2 AB	
Pin Number: 000		<input type="checkbox"/> RESIDENTIAL R1 R2 R3 RR RE	
911 Address:		<input type="checkbox"/> COMMERCIAL V CC HC	
Concession:	Lot:	<input type="checkbox"/> INDUSTRIAL MR MG ME	
Plan:	Part(s):	<input type="checkbox"/> OTHER D I REC	
New 911 Sign Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Official Plan	
New Entrance Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Agricultural Reserve	<input type="checkbox"/> Environmental Protection
		<input type="checkbox"/> Village	<input type="checkbox"/> Open Space
		<input type="checkbox"/> Rural Cluster	<input type="checkbox"/> Future Urban Growth
		Site Plan Control <input type="checkbox"/> Yes <input type="checkbox"/> No	
Building Information		Intended Use:	
Type of Structure		Estimated Project Completion Date:	
Type of Permit:	<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Sewer <input type="checkbox"/> Heating <input type="checkbox"/> Sign <input type="checkbox"/> Pool	Type of Work:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation
	<input type="checkbox"/> Use Change Dwelling <input type="checkbox"/> Use Change Other <input type="checkbox"/> Demolition		
Construction Information		Other	
Footings	Interior	Exterior	Roof
Plumbing	Heating	HVAC	Foundation Wall
Dimensions:			Structure Description
Main _____ X _____ = _____	Bam _____ X _____ = _____		_____
Upper _____ X _____ = _____	Shed _____ X _____ = _____		_____
Basement _____ X _____ = _____	Silo _____ X _____ = _____		_____
Garage _____ X _____ = _____	Bunker _____ X _____ = _____		_____
Deck _____ X _____ = _____	Greenhouse _____ X _____ = _____		_____
Pool _____ X _____ = _____	Circ. Manure _____ X _____ = _____		_____
_____ X _____ = _____	Rect. Manure _____ X _____ = _____		_____
Gross Floor Area	Living Area	Number of Stories	Number of Units
Permit Fees			
Building:	Plumbing:	Demolition:	Other:
TOTAL:			RECEIPT #:

Setbacks		MDS I: <input type="checkbox"/> Yes <input type="checkbox"/> No	MDS II: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
MDS 1: Required Distance _____ Actual _____		MDS II: Required Distance _____ Actual _____		
Front Yard:	Rear Yard:	Exterior Side Yard:	Centreline of County Road:	
Interior Side Yard / A:	Interior Side Yard / B:	Septic Tank:	Weeping Bed:	
Distance from Watercourse:		Distance from Municipal Drain:		
Livestock Building and Manure Storage		<input type="checkbox"/> Copy on File		
Approved Nutrient Management Plan / Strategy:				
<input type="checkbox"/> Municipal _____ <input type="checkbox"/> Provincial: Plan Number _____ <input type="checkbox"/> N / A				
Other Approvals	<input type="checkbox"/> Sewer Connection	<input type="checkbox"/> Water Connection	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Septic - County of Oxford Department of Public Health APPROVAL DATE: _____				
Significant Environmental Features:		Regulatory Flood and Fill Area:		
<input type="checkbox"/> Environmental Protection 1 Overlay (EP1) <input type="checkbox"/> Environmental Protection 2 Overlay (EP2) <input type="checkbox"/> Environmental Impact Statement Required <input type="checkbox"/> N / A		<input type="checkbox"/> 30 metre setback required <input type="checkbox"/> Conservation Authority Approval Required APPROVAL DATE: _____ <input type="checkbox"/> N / A		
Comments:				
INSPECTIONS		ELECTRICAL SAFETY AUTHORITY		
★ 48 HOURS NOTICE REQUIRED		SEPARATE PERMITS MUST BE FILED WITH ELECTRICAL SAFETY AUTHORITY. ALL ELECTRIC WIRING MUST BE INSPECTED. www.esasafe.com PHONE: 1-877-ESA-SAFE (372-7233) FAX: 1-800-667-4278		
THIS PERMIT IS GRANTED ON THE EXPRESS CONDITION OF FULL COMPLIANCE WITH ALL PROVISIONS OF THE ONTARIO BUILDING CODE, THE ZONING BY-LAWS, AND ANY BY-LAW OR AMENDMENTS THERETO OF THE TOWNSHIP OF NORWICH, REGULATING THE ERECTION, ALTERATIONS, RENEWAL, LOCATION, USE OF BUILDINGS, UNLESS SPECIFICALLY SO PROVIDED IN WRITING BY THE CHIEF BUILDING OFFICIAL. THIS PERMIT IS SUBJECT TO REVOCATION PURSUANT TO THE BUILDING CODE ACT 1992, SECTION 8 (10). THE OWNER IS RESPONSIBLE FOR ANY DAMAGE DONE TO MUNICIPAL SIDEWALKS, BOULEVARDS, AND THE SPREADING OF MUD AND OTHER DEBRIS ON MUNICIPAL STREETS DURING CONSTRUCTION. PERMISSION FOR ROAD AND CURB CUTS MUST BE OBTAINED FROM THE TOWNSHIP ENGINEER.				
Statement:				
I / WE HEREBY MAKE APPLICATION FOR A PERMIT. THE ACCURACY OF THE INFORMATION PROVIDED IS MY/OUR SOLE RESPONSIBILITY. I / WE HEREBY AGREE TO COMPLY WITH ALL THE REQUIREMENTS AND PROVISIONS OF THE ONTARIO BUILDING CODE, ALL BUILDING BYLAWS AND ZONING BYLAWS FOR THE CORPORATION OF THE TOWNSHIP OF NORWICH AND ALL AMENDMENTS THERETO IN EFFECT AT THE DATE OF ISSUANCE OF SAID BUILDING PERMIT. I / WE HEREBY DECLARE THAT THE ABOVE PLOT PLAN AND INTENDED USE(S) AS STATED IN THIS APPLICATION ARE TRUE AND COMPLETE IN EVERY RESPECT, AND THAT I / WE AS THE APPLICANT WILL BE RESPONSIBLE FOR SCHEDULING ALL REQUIRED INSPECTIONS.				
Signed by Applicant:		Date:		
Approved by Chief Building Official		Date:		