

Application for a Change of Use Permit

This form is authorized under subsection 10(1) of the Building Code Act.

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. Purpose of application			
Proposed Use of Building/Tenant		Current Use of Building/Tenant	
Description of Proposed Work			
C. Applicant			
Applicant is:		<input type="checkbox"/> Owner <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 Number ()	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 Number ()	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 Number ()		Cell Number ()
F. Required Schedules				
i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.				
G. Document Submission and Applicable Law				
i) This application is for a change of use which results in an increase in hazard as determined by 1.3.1.4. of Division C. The application and all required schedules are submitted			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii) 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
iii) 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
iv) 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 enables 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
v) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. 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 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 10(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]			
<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:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.47(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 practise, 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.