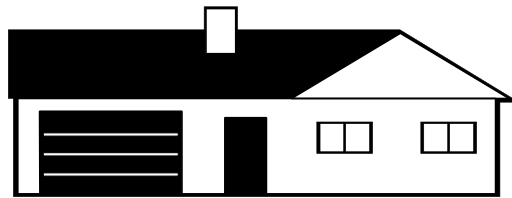


# BUILDING A HOUSE

**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](http://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](http://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:     __Laurentian Valley Township, 460 Witt Road, 613-735-6291__			
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 <sup>2</sup> )	
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 (    )	

<b>E. Builder (optional)</b>				
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 ( )
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
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): _____				
<b>G. Required Schedules</b>				
i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.				
<b>H. Completeness and compliance with applicable law</b>				
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). <b>(Provincial Application, designer schedule, Section F)</b>			<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
<b>I. Declaration of applicant</b>				
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 the 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 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.

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax number (    )	Cell number (    )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
<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			
<b>D. Declaration of Designer</b>			
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 3.2.4.7(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) <input type="checkbox"/> Direct vent (sealed combustion) only
b) <input type="checkbox"/> Positive venting induced draft (except fireplaces)
c) <input type="checkbox"/> Natural draft, B-vent or induced draft fireplace
d) <input type="checkbox"/> Solid Fuel (including fireplaces)
e) <input type="checkbox"/> No Combustion Appliances

HEATING SYSTEM
<input type="checkbox"/> Forced Air <input type="checkbox"/> Non Forced Air
<input type="checkbox"/> Electric Space Heat

HOUSE TYPE 9.32.3.1.(2)
<input type="checkbox"/> I Type a) or b) appliances only, no solid fuel
<input type="checkbox"/> II Type I except with solid fuel (including fireplace)
<input type="checkbox"/> III Any Type c) appliance
<input type="checkbox"/> IV Type I, or II with electric space heat
<input type="checkbox"/> Other: Type I,II, or IV no forced air

SYSTEM DESIGN OPTION
<input type="checkbox"/> 1 Exhaust Only/Forced Air System
<input type="checkbox"/> 2 HRV with Exhaust Ducts/Forced Air System
<input type="checkbox"/> 3 HRV Simplified Connection to Forced Air System
<input type="checkbox"/> 4 HRV - Full Ducting/Not Coupled to Forced Air System
<input type="checkbox"/> 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)

Dwelling has Electric Service?  
Dwelling intended for continuous winter occupancy?

YES

NO

Mechanical Ventilator

Mechanical Not Required  
*(Provide Natural Ventilation per 9.32..1. & 2)*

- Part 9 Dwelling Unit?
- Self-contained Ventilation system serving only one dwelling unit?
- All non-solid fuel appliances direct-vent, or positive induced draft.?
- All gas fireplaces are direct-vent?
- Less than 5 bedrooms?

YES OR N/A  
TO ALL

NO TO ANY

Part 9 System Desired?

NO

Part 6 System

YES

Go to Part 6 Path

Solid Fuel appliance?

YES

NO

Electric Space Heat?

Electric Space Heat?

NO

NO

YES

YES

Type II  
Dwelling Unit

Type IV  
Dwelling Unit

Type I  
Dwelling Unit

Couple Ventilation System  
to Forced air system?

Couple Ventilation System  
to Forced air system?

YES

NO

YES

NO

Options 2 or 3  
*(CVRO93)*

Option 4  
*(CVRO93)*

Options 1, 2 or 3  
*(CVRO93)*

Option 4  
*(CVRO93)*

CO Detector Required if Solid  
Fuel Appliance Present

# 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]

*SB-12 Prescriptive (input design package):* 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 <sup>2</sup> or _____ft <sup>2</sup>	W, S & G % = _____	<input type="checkbox"/> Log/Post&Beam <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> ICF Basement <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)
Area of W, S & G = _____m <sup>2</sup> or _____ft <sup>2</sup>	Utilize window averaging: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 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)  Airtightness test required (Refer to Design Guide Attached)	<input type="checkbox"/> Table 3.1.1.4.B Required: _____ Permitted Substitution: _____			
	<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 <sup>(1)</sup>		Building Component	Efficiency Ratings
<b>Thermal Insulation</b>	Nominal	Effective	<b>Windows &amp; Doors</b> Provide U-Value <sup>(1)</sup> or ER rating	
Ceiling with Attic Space			Windows/Sliding Glass Doors	
Ceiling without Attic Space			Skylights/Glazed Roofs	
Exposed Floor			<b>Mechanicals</b>	
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/(m<sup>2</sup>•K) or Btu/(h•ft<sup>2</sup>•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 <sup>2</sup> /m <sup>2</sup>	1.81 in <sup>2</sup> /100ft <sup>2</sup>	0.93 L/s/m <sup>2</sup>	0.18 cfm50/ft <sup>2</sup>
Attached dwelling	3.0	2.12 cm <sup>2</sup> /m <sup>2</sup>	3.06 in <sup>2</sup> /100ft <sup>2</sup>	1.32 L/s/m <sup>2</sup>	0.26 cfm50/ft <sup>2</sup>

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.