

THE CORPORATION OF THE MUNICIPALITY OF BRIGHTON

BUILDING DEPARTMENT

Rick Jones, Chief Building Official

67 Sharp Road, Brighton, ON K0K 1H0

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SEPTEMBER 2010

GENERAL INFORMATION FOR BUILDING CONSTRUCTION

Please contact the Building Department to make an appointment to apply for a building permit.
PERMIT APPLICATIONS MUST BE SUBMITTED A MINIMUM OF 2 WEEKS PRIOR TO CONSTRUCTION.

FEES: All fees collected may be paid with one cheque to the *Municipality of Brighton* at the time of application.

- **MINIMUM BUILDING PERMIT FEE – RESIDENTIAL & AGRICULTURAL** \$65.00
- **MINIMUM BUILDING PERMIT FEE – ALL OTHER CATEGORIES** \$100.00

➤ **RESIDENTIAL BUILDING PERMITS** - 60 cents per square foot of construction.

- Garages are 40 cents per square foot. Minimum fee is \$65.00
- Decks, chimneys, woodstoves, pools (or other structures not specified herein) \$65.00
- **Security Deposit** of \$1,000.00 applies to all new dwelling units. Deposit refundable upon final completion of house. Owner to request refund in writing quoting building permit # within 2 years of issuance of permit.
NO DEPOSIT SHALL BE REFUNDED AFTER THE 2ND ANNIVERSARY OF THE DATE OF ISSUANCE OF THE BUILDING PERMIT - BL#484-2007

➤ **COMMERCIAL BUILDING PERMIT** is 40 cents per square foot for new construction.

➤ **AGRICULTURAL BUILDING PERMIT** (the lesser of the following 2 options)

- \$100.00 APPLICATION FEE PLUS \$7.50 per \$1,000.00 of construction value,
- **Or** \$100.00 APPLICATION FEE PLUS \$0.18 per square foot of building area.

When determining construction value for agricultural construction, only a signed contract with firm costs by a reputable contractor will be accepted.

➤ **RENOVATIONS AND ALTERATIONS** Commercial, Industrial, Institutional and Residential

- \$ 7.00 per \$ 1,000.00 building value

THE FOLLOWING MUST BE SUPPLIED WITH AN APPLICATION FOR BUILDING PERMIT.

ALL PLANS* MUST BE PREPARED BY A CERTIFIED B.C.I.N. DESIGNER**

****Additional information available at www.obc.mah.gov.on.ca**

Note: A homeowner may prepare construction drawings if the building is to be owned by them.

REQUIRED FOR A PERMIT:

1. **BUILDING PLANS – 2 COPIES** Plans of structure: - floor plans – foundation plan showing beams, posts, spans, bearing walls etc. –T.J.I. floor joist size, layout and spans – engineered truss drawings, Elevations (All 4 Sides)
–Cross section detailing construction materials of structure;
2. **Site Plan** – location of structure(s) with dimensions to all property lines – location of well, septic system, driveway – proposed grading of lot and location of swales, easements, water and sewer laterals, etc.
Water shut off valve must be located a minimum of 5 feet away from the edge of the driveway.
3. **Copy of registered survey.** Note: All infill lots will require a new survey and drainage plan to accurately show as built setbacks and grade elevations;
4. **Copy of registered Deed of Land** for new buildings on undeveloped lots.
5. (A) Ventilation Summary (HRAI form), (B) Heat Loss Calculations and (C) Duct Design must be completed by a qualified B.C.I.N. designer**.
6. **TARION Home Warranty Declaration Form** Completed and signed. Information at www.tarion.com

BUILDING DEPARTMENT CHECK LIST-2010

THE FOLLOWING MUST BE SUPPLIED WITH AN APPLICATION FOR A BUILDING PERMIT
PLEASE ALLOW TWO (2) WEEKS FOR OBTAINING YOUR BUILDING PERMIT
HAVE YOU INCLUDED:

<input checked="" type="checkbox"/> APPLICANTS VERIFICATION AS INCLUDED WITH PERMIT	<input type="checkbox"/> BUILDING DEPARTMENT VERIFICATION AS INCLUDED WITH PERMIT
PROPERTY ROLL #14 08	
<input type="checkbox"/> Application for a Permit to Construct or Demolish	<input type="checkbox"/>
<input type="checkbox"/> CHEQUE payable to Municipality of Brighton for payment in full based on Permit Fee Summary	<input type="checkbox"/>
<input type="checkbox"/> Permit Fee Summary	<input type="checkbox"/>
<input type="checkbox"/> Copy of Registered Survey	<input type="checkbox"/>
<input type="checkbox"/> Copy of Registered Deed	<input type="checkbox"/>
<input type="checkbox"/> MUNICIPALITY OF BRIGHTON Plumbing Permit	<input type="checkbox"/>
<input type="checkbox"/> Tarion Home Warranty Declaration Form (available at the Municipal Office)	<input type="checkbox"/>
<input type="checkbox"/> Entrance & Servicing Application	<input type="checkbox"/>
<u>BUILDING PLANS (Label each)</u>	
<input type="checkbox"/> Foundation Plan	<input type="checkbox"/>
<input type="checkbox"/> Floor Plans	<input type="checkbox"/>
<input type="checkbox"/> Cross Section	<input type="checkbox"/>
<input type="checkbox"/> Elevations (all 4 sides)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ventilation Summary (HRAI form)	<input type="checkbox"/>
<input type="checkbox"/> Heat Loss Calculations & Duct work Design	<input type="checkbox"/>
<u>SITE PLAN</u> indicating	
<input type="checkbox"/> Location of structure	<input type="checkbox"/>
<input type="checkbox"/> Well	<input type="checkbox"/>
<input type="checkbox"/> Septic	<input type="checkbox"/>
<input type="checkbox"/> Driveway	<input type="checkbox"/>
<input type="checkbox"/> Lot grading - (Surface drainage patterns and elevations)	<input type="checkbox"/>
<input type="checkbox"/> Municipal sewer and water laterals – Indicate location from driveway & property lot lines. Minimum 1.2 m (4 feet) from driveway edge.	<input type="checkbox"/>
<u>APPROVALS COMPLETED (Prior To Submission Of Building Application)</u>	
<input type="checkbox"/> Health Department <u>Approval</u> - Septic System (if not on Municipal services) 1- 613-475-0933 www.hkpr.on.ca	<input type="checkbox"/>
<input type="checkbox"/> County of Northumberland <u>Entrance Approval</u> (if fronting on a County Road) 1-800 354-7050 www.northumberland.ca/forms	<input type="checkbox"/>
<input type="checkbox"/> Lower Trent Conservation Authority <u>Approval</u> (if development is close to a creek, watercourse, floodplain or erosion sensitive area) (613) 394-3915 www.ltc.on.ca	<input type="checkbox"/>

FOR FURTHER INFORMATION REGARDING FORMS PLEASE REFER TO GENERAL INFORMATION SHEET

PERMIT FEE SUMMARY – SEPTEMBER/2010

Minimum Fee: Residential /Agriculture \$65.00, Decks, chimneys, woodstoves, pools \$65.00
 Commercial, Industrial, Institutional, Residential– renovations\alterations - \$7.00 per \$1000.00 Building Value

PROPERTY ROLL #	ADDRESS OF CONSTRUCTION	LOCATION (Con. Lot, Part, Plan)
1408		

PROPERTY OWNER	ADDRESS	PHONE/FAX/CELL PHONE

BUILDER'S NAME	ADDRESS	PHONE/FAX/CELL PHONE

1. **BUILDING PERMIT** (New construction)
- 1ST FLOOR _____ sq. ft
 2ND FLOOR _____ sq. ft
 FINISHED BASEMENT _____ sq. ft
- BUILDING AREA (including finished basement area) TOTAL sq. ft @ .60 ¢ = _____
 GARAGE TOTAL sq. ft @ .40 ¢ = _____

New commercial, industrial & institutional construction _____ sq. ft @ .40 ¢ _____

RENOVATION & ALTERATIONS Minimum Fee: Residential/Agriculture \$65.00 – All other categories \$100.00

BUILDING VALUE OF CONSTRUCTION \$ x .007
 \$7.00 per \$1000.00 of building construction value

TOTAL BUILDING PERMIT FEE

2. **PLUMBING PERMIT FEE** - (\$40.00 plus \$7.00 per fixture)
 (Municipality of Brighton Plumbing Permit Form)

TOTAL PLUMBING PERMIT FEE

3. **SERVICE FEES**

- Entrance Permit: 24' Culvert @ \$1000.00/30' Culvert @ \$1200.00 _____
 Blue Rural Civic Address Plate (911 Sign) @ \$40.00 _____
 Urban: Water Service (Infilling lots-confirm rates with municipality) _____
 Urban: Sanitary Service (Infilling lots-confirm rates with municipality) _____
 Water Meter @ \$132.00 _____

TOTAL SERVICE FEES

4. **Development Charges**

- Row/Other Multiples (Per Unit) \$3,964 Urban \$2,772 Rural _____
 Apartment's \$2,701 Urban \$1,888 Rural _____
 Single Detached Dwelling \$5,045 Urban \$3,528 Rural _____
 Commercial \$20.40/Sq.M Urban \$15.81/Sq.M Rural _____

DEVELOPMENT CHARGE TOTAL

5. **BUILDING/LOT GRADING DEPOSIT** \$1000.00-for new dwellings (REFUNDABLE)
 NO DEPOSIT SHALL BE REFUNDED AFTER THE 2ND ANNIVERSARY OF THE DATE
 OF ISSUANCE OF THE BUILDING PERMIT – BL#484-2007

TOTAL PERMIT FEE PAYABLE

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: MUNICIPALITY OF BRIGHTON
(67 Sharp Rd. Brighton, On K0K 1H0, 613-475-1162)

A. Project information				
Building number, street name		Unit number	Lot/con.	
Municipality: BRIGHTON, ONTARIO	Postal code K0K 1H0	Plan number/other description		
Project value est. \$		Area of work (m ²)		
B. 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 ()		
C. 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 ()		
D. 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 ()		
E. 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				
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. Attachments				
i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3. ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities. iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system. iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.				
H. Declaration of applicant				
I, _____, certify 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. I have authority to bind the corporation or partnership (if applicable).				
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.

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 2.20.2.1]			
<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 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. 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 authority to bind the corporation or partnership (if applicable).			
Date		Signature of Designer	

*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5. NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the Architects Act.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality : BRIGHTON,	Postal code KOK 1H0	Plan number/ other description	
B. Sewage system installer			
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 2.18.1.1?			
<input type="checkbox"/> Yes (Continue to Section C)		<input type="checkbox"/> No (Continue to Section E)	<input type="checkbox"/> Installer unknown at time of application (Continue to Section E)
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
D. Qualified supervisor information (where answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
<p>I _____ declare that:</p> <p style="margin-left: 100px;">(print name)</p> <p><input type="checkbox"/> I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;</p> <p><u>OR</u></p> <p><input type="checkbox"/> I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2 now that the installer is known.</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 authority to bind the corporation or partnership (if applicable). 			
Date		Signature of applicant	
Application for a Permit to Construct or Demolish Schedule 1 06/07/05			

RESIDENTIAL MECHANICAL VENTILATION RECORD

for certification of design and performance of residential ventilation systems

W-2

A HEATING SYSTEM COMBUSTION APPLIANCES	<input type="checkbox"/> Forced air <input type="checkbox"/> Non forced air		Roll #:	Permit #:	E LOCATION
	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other		Lot & Plan #:	Township:	
	<input type="checkbox"/> No combustion appliances no depressurization limit		Civic address:		F BUILDER
	<input type="checkbox"/> Solid fuel (including fireplaces) 5 pa depress limit		Name:	R2000 ID #	
	<input type="checkbox"/> Direct vent (sealed combustion) only no depress limit		Address:		
	<input type="checkbox"/> Induced draft _____ pa depress limit		City:	Postal code:	
<input type="checkbox"/> Natural draft or B-vent 5 pa depressurization limit		Phone:	Fax:	G DESIGNER	
<input type="checkbox"/> Clothes dryer 150 cfm (default)		Name:	HRAI #		
<input type="checkbox"/> Down draft cook top 220 cfm (default)		Address:			
<input type="checkbox"/> Other: (over 150 cfm)		City:	Postal code:		
Depressurization test / calculation required? <input type="checkbox"/> yes <input type="checkbox"/> no		Phone:	Fax:	H TOTAL VENTILATION CAPACITY (TVC)	
Bsmt & Master bdrm _____ @ 20 cfm _____ cfm		I certify this ventilation system design to be in accordance with:			
Other bedrooms _____ @ 10 cfm _____ cfm		<input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000			
Bathrooms & Kitchen _____ @ 10 cfm _____ cfm		<input type="checkbox"/> NBC '05 (9.32) <input type="checkbox"/> OBC '06(9.32) <input type="checkbox"/> BCBC '98 (9.32)			
Other habitable rooms _____ @ 10 cfm _____ cfm		Signature:			
TOTAL VENTILATION CAPACITY (TVC) _____ cfm		Date:			
I EXHAUST CAPACITY INTERMITTENT / CONTINUOUS	Kitchens _____ @ 60 cfm _____ cfm		<input type="checkbox"/> Controls functioning <input type="checkbox"/> Fans operating and clean		K INSTALLATION CHECKLIST
	Bathrooms _____ @ 20 cfm _____ cfm		<input type="checkbox"/> Filters clean <input type="checkbox"/> Flow measuring stations		
	TOTAL _____ cfm		<input type="checkbox"/> Dampers accessible <input type="checkbox"/> Insulated duct sealed		
	Kitchens _____ @ 100 cfm _____ cfm		<input type="checkbox"/> Drain loop & connection		
	Bathrooms _____ @ 50 cfm _____ cfm		<input type="checkbox"/> Distribution to all habitable rooms		
	TOTAL _____ cfm		<input type="checkbox"/> Forced air system <input type="checkbox"/> continuous mode <input type="checkbox"/> interlocked		
J TVC SYSTEM	Location:		<input type="checkbox"/> Kitchen intake grease filter <input type="checkbox"/> Kitchen exhaust 40" to range		L MEASURED TVC SYSTEM
	Manufacturer / Model: <input type="checkbox"/> HVI		<input type="checkbox"/> Exhaust 4" above grade <input type="checkbox"/> Supply 18" above grade		
	Design airflow: _____ cfm high _____ cfm low		<input type="checkbox"/> Supply intake 6' from exhaust (recommended)		
	_____ % sensible efficiency @ 0 °C _____ watts		<input type="checkbox"/> Supply intake 3' from other exhaust		
	_____ % sensible efficiency @ -25 °C _____ watts		TVC system supply airflow measured:		
			_____ cfm high _____ cfm low (_____ % TVC)		
C ADDITIONAL EQUIPMENT	1) Location: _____ cfm _____ sones		TVC system exhaust airflow measured:		M INSTALLER
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI		_____ cfm high _____ cfm low (_____ % TVC)		
	2) Location: _____ cfm _____ sones		Name:		
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI		HRAI #		
	3) Location: _____ cfm _____ sones		Address:		
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI		City:		
	4) Location: _____ cfm _____ sones		Postal Code:		
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI		Phone:		
		Fax:			
		I certify this ventilation system design to be in accordance with:			
		<input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000			
		<input type="checkbox"/> NBC '05 (9.32) <input type="checkbox"/> OBC '06(9.32) <input type="checkbox"/> BCBC '98 (9.32)			
		Signature:			
		Date:			



2010-Municipality of Brighton

ENTRANCE AND SERVICING APPLICATION

- stake centerline of entrance with provided orange stake.
- provide sketch showing intended location of proposed entrance and 911 numbers of nearby residences.
- entrance to be prepaid : \$1,000. 00 for 15"x 24 ft. culvert , \$1,200.00 for 15"x 30ft. culvert.

Owner's Information

Name of Owner(s) _____ Telephone No. _____

Mailing Address _____ Postal Code _____

Contractor's Information

Contractor's Name _____ Telephone No. _____

Address _____ Postal Code _____

Location of Installation

Street Name _____

Concession # _____ Lot # _____ Reg. Plan # _____ Lot # _____

Type of Building _____

Fees

Municipal Sewer Lateral Installation _____

Municipal Water Installation _____

Culvert/Entrance/Curb _____

Other _____

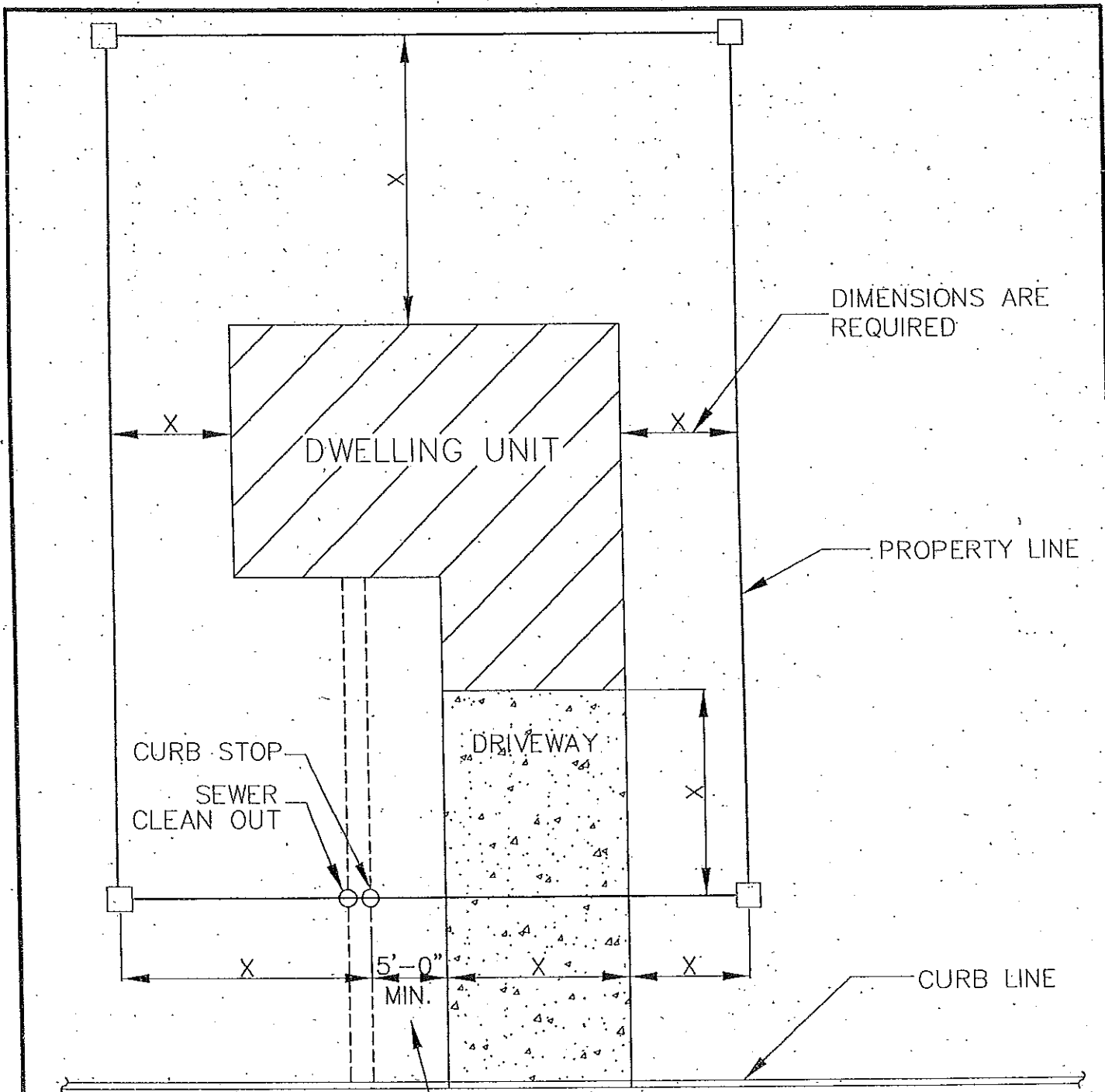
TOTAL FEES RECEIVED _____

Municipal Office

Signature of Applicant

Fees collected will cover the cost incurred for inspection and/or installation of the above municipal services to the street line of the owner's property. The owner shall be responsible for the proper installation of required sewer and water service from the street line to facilitate the building. For further information please contact:

Public Works Office 613-475-1162



DIMENSIONS ARE REQUIRED

PROPERTY LINE

CURB STOP
SEWER CLEAN OUT

DRIVEWAY

5'-0"
MIN.

CURB LINE

IF MIN. CAN NOT BE OBTAINED
IT MUST BE APPROVED
BY THE MUNICIPALITY

REQUIRED SITE PLAN
INFORMATION FOR
A SERVICED LOT

Drawing Title					
Checked By	Date				
	JULY.2007				
Designed By	Drawing No.				
Drawn By					
Scale	Revision No.	1	ISSUED FOR PRIMARY APPROVAL	DMM	10.07.24
		No.	Revised	Made By	Date