



# 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: <b>THE CORPORATION OF THE TOWN OF FORT ERIE</b><br>(Name of municipality, upper-tier municipality, board of health or conservation authority)                                                        |             |                                |                            |  |
| <b>A. Project information</b>                                                                                                                                                                                                  |             |                                |                            |  |
| 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>B. Purpose of application</b>                                                                                                                                                                                               |             |                                |                            |  |
| <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                                                                                                                                                                                                   |             |                                |                            |  |
| <b>C. Applicant</b> 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                    |                            |  |
| <b>D. Owner (if different from applicant)</b>                                                                                                                                                                                  |             |                                |                            |  |
| 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<br>Lot/con.                    |
| Municipality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Postal code | Province   | E-mail                       |                                            |
| Telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fax         |            | Cell number                  |                                            |
| F. Tarion Warranty Corporation (Ontario New Home Warranties 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |            |                              |                                            |
| ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |            |                              |                                            |
| 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).<br>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                |
| 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.                                                                                                                                                                                                         |             |            | <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>(print name)</p> <ol style="list-style-type: none"> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p>_____</p> <p>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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                                        |             |                                                   |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|-------------|---------------------------------------------------|----------|
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                        |             |                                                   |          |
| <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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>_____</p> <p>Date</p> </div> <div style="width: 60%;"> <p>_____</p> <p>Signature of Designer</p> </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.



The Corporation of the Town of Fort Erie  
1 Municipal Centre Drive  
Fort Erie, Ontario, L2A 2S6  
Telephone: 905-871-1600  
Facsimile: 905-871-6411  
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APPLICATION FOR WATER METER

| PROPERTY INFORMATION                         |                                                                                           |                      |  |
|----------------------------------------------|-------------------------------------------------------------------------------------------|----------------------|--|
| Street Name:                                 |                                                                                           | House No. / Lot No.: |  |
| Concession or Plan No:                       |                                                                                           |                      |  |
| Description of Location:                     | (i.e. North/South/East/West Side of Road and/or near intersection ... and/or next to ...) |                      |  |
| Owner Name:                                  |                                                                                           |                      |  |
| Owner Address:                               |                                                                                           |                      |  |
| Owner Telephone:                             |                                                                                           | Email:               |  |
| Applicant Name:<br>(If different than Owner) |                                                                                           |                      |  |
| Applicant Address:                           |                                                                                           |                      |  |
| Applicant Telephone:                         |                                                                                           | Email:               |  |

| ACKNOWLEDGEMENT AND ACCEPTANCE                                                                                                                                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| BY MY SIGNATURE BELOW, I HEREBY AGREE TO PAY ALL FEES IN ADVANCE AND WHERE THE TOWN COSTS EXCEED ANY DEPOSITS, I HEREBY AGREE TO PAY BALANCE WITHIN THIRTY (30) DAYS FROM DATE OF INVOICE. I ALSO, HEREBY AGREE TO HAVE THE WATER METER AND REMOTE READER INSTALLED BY AN APPROVED PLUMBER. |  |
| Signature of Owner/Applicant:                                                                                                                                                                                                                                                               |  |
| Date:                                                                                                                                                                                                                                                                                       |  |

| CONDITIONS OF PERMIT APPLICATION SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------|--|
| Please allow <b>five (5) business days</b> before picking up meter. Meters are to be picked up at the <b>Gibson Centre, 1818 Pettit Road, Fort Erie, ON L2A 5M4</b> .                                                                                                                                                                                                                                                                            |                                                                                                              |                     |  |
| A flat fee will be paid upon submission for application of building permit. This fee covers the cost of water used during new construction for a maximum period of <b>90 days</b> after the issuance of the building permit. You will need to contact the Building Department to arrange for the certification of the meter. Should certification not be done prior to this date, the monthly flat rate fee for water and sewer will be applied. |                                                                                                              |                     |  |
| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                     |  |
| Application Purpose:                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> New Meter<br><input type="checkbox"/> Meter Replacement                             | Roll Number:        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | Account Number:     |  |
| Account Type:                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Water and Sewer<br><input type="checkbox"/> Water<br><input type="checkbox"/> Sewer | Meter(s) Requested: |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                     |  |
| FEE CALCULATION                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                     |  |
| Pit Required:                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                  | Amount:             |  |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              | Amount:             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | Sub Total:          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | HST (13%):          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | Grand Total:        |  |



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APPLICATION FOR WATER METER

|                                                                    |  |               |                |       |  |
|--------------------------------------------------------------------|--|---------------|----------------|-------|--|
| METER DETAILS                                                      |  |               |                |       |  |
| (TO BE COMPLETED BY TOWN OF FORT ERIE WATER/WASTEWATER DEPARTMENT) |  |               |                |       |  |
| BUILDING DEPARTMENT                                                |  |               |                |       |  |
| METER REQUESTED:                                                   |  |               |                | COST: |  |
|                                                                    |  |               |                |       |  |
| UTILITIES – WATER/WASTEWATER                                       |  |               |                |       |  |
| Serial Number:                                                     |  |               | Register ID:   |       |  |
|                                                                    |  |               | Completed By:  |       |  |
|                                                                    |  |               |                |       |  |
| METER PICK-UP                                                      |  |               |                |       |  |
| Pick Up Date:                                                      |  |               | Picked Up By:  |       |  |
|                                                                    |  |               | Registered By: |       |  |
|                                                                    |  |               |                |       |  |
| METER CERTIFICATION                                                |  |               |                |       |  |
| Seal No:                                                           |  | Reading:      |                | Date: |  |
|                                                                    |  | Certified By: |                |       |  |
|                                                                    |  |               |                |       |  |
| CORPORATE SERVICES – WATER BILLING                                 |  |               |                |       |  |
| Meter ID:                                                          |  |               | Processed By:  |       |  |

### **Service Installation Permits – where applicable**

Every Owner wishing to contract with a qualified contractor to install and construct a water service connection shall complete and submit an application to the Infrastructure Services Department together with a non-refundable inspection fee established by the Town by by-law from time to time.

The application form can be found at <https://forterie.ca/pages/EngineeringDivision> under 'Permits'. If you submit your application on an older form, we will return it to you and ask you to resubmit using the newest version of the form.

# 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 |
| 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 | <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<br>(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<br>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.



**Radon Mitigation – 2024 Ontario Building Code**  
**Part 9 Building – Residential Occupancy**

**Property Address** \_\_\_\_\_

Please indicate which system/installation will be utilized on your project.

☐ **Rough-In – Subfloor Depressurization – Required for all buildings.**

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| • Minimum 100 mm (4") pipe installed at or near center of floor area                                           |
| • Increase amount of granular under the floor at pipe inlet location                                           |
| • Pipe to extend above floor with removable cap. Pipe and/or cap must be clearly labelled for removal of Radon |

OR

☐ **Full Installation – Subfloor Depressurization – Optional**

|                                                                      |
|----------------------------------------------------------------------|
| • Minimum 100 mm (4') pipe installed at or near centre of floor area |
| • Increase amount of granular under the floor at pipe inlet location |
| • Pipe extended to exterior of the building                          |
| • System must include an in-line fan                                 |

Where a full depressurization system is installed, measures shall be taken to ensure that any resultant decrease in soil temperature will not adversely affect the foundation.

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**NOTE: A Soil Gas Barrier System is required for all buildings as per 9.25.3 or SB-9.**

Please select the option that will be utilized on this project:

|                                                                                             |
|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 6 mil poly under concrete floor                                    |
| <input type="checkbox"/> 6 mil poly between concrete floor and separate floor over the slab |

**NOTE: Perimeter of concrete slab and all penetrations through the slab shall be sealed.**

**Date**

**Sign**

\_\_\_\_\_

\_\_\_\_\_



## ACKNOWLEDGEMENT FOR DEFERRAL OF DEVELOPMENT CHARGES

*Starting November 3, 2025, new provincial rules under Bill 17 – the Protect Ontario by Building Faster and Smarter Act, 2025 changed when developers may pay development charges for non-rental residential projects (such as single homes, townhouses, or condominiums). This deferral is designed to encourage residential construction activity by enhancing developer's cashflow flexibility.*

☐ Check this box if you wish to defer development charges as noted above.

### ACKNOWLEDGEMENTS

1. I Agree that all outstanding development charges will be paid prior to occupancy.
2. I Acknowledge that occupancy will not be granted or allowed until all development charges are **paid in full**.
3. I understand that development charges may be paid at any time prior to occupancy.
4. An Occupancy Permit will be issued forthwith from receiving confirmation of payment.

I \_\_\_\_\_, the undersigned, agree to and acknowledge the above noted conditions regarding deferring development charges.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\* TO AVOID TIMELY DELAYS AT OCCUPANCY IT MAY BE BENEFICIAL TO MAKE PAYMENT VIA CERTIFIED CHEQUE, BANK DRAFT OR OTHER GUARANTEED FORM OF PAYMENT PRIOR TO THE SCHEDULED OCCUPANCY DATE \*\***