	APPLICATION	Permit No.			
	For a Change of	Property Identifier			
	Use Permit	ONHWP Reg. No. *			
	Building Code Act , S.O. 1992, Chapter 23.8-(1). Applicants	Date of Application			
TERMINON WITH	are required to submit a separate application for each temporary structure, or structure to be constructed or demolished.				
CORPORATION OF THE MUNICIPALITY OF MACHIN P. O. Box 249 Vermilion Bay, ON POV V0 Phone: 807-227-2633 Fax: 807-227-5443 www.visitmachin.com	 All construction must conform to the Ontario Building Code, Ontario Regulation 350/06, as amended. A Builders Registration Number is required by the Ontario New Home Warranty Plan Act, S.O. 1980, Chapter 350.6, as amended. Construction must not start until a permit has been issued. The issuance of a permit does not relieve the applicant from conforming with all applicable regulations and municipal by-laws 	APPLICANTS ARE REQUIRED TO COMPLETE ALL PAGES OF THIS APPLICATION			
Owner's Info: Name:	Email (optional):				
Mailing Address:					
Daytime Telephone:	Cell (optional): Fax (optional	al):			
Street Address of Project Site:					
Legal Description of Project Site:					
Proposed Method of Construction – brief desc	ription:				
Total Estimated Value of Design, Materials an	d Labour: \$				
Contractor's Info: Name	Email (optional):				
Mailing Address:					
Telephone: Cell (optional): Fax (optional):					
What is the present use of the building?					
If it is a retail establishment, what is being solo	there?				
If it is a restaurant, how many people can be s	eated for meals in the restaurant?				
If it is a manufacturing operation, what is being	g manufactured there?				
What is the Intended Use of the Building?					
-	ed by the Change of Use:				

Note: Please provide 2 sets of plans and specifications showing current and proposed occupancy of all parts of the building, and which contain sufficient information to establish compliance with the requirements of the Ontario Building Code, including: floor plans; details of wall, ceiling and roof assemblies identifying required fire resistance ratings and load bearing capacities.

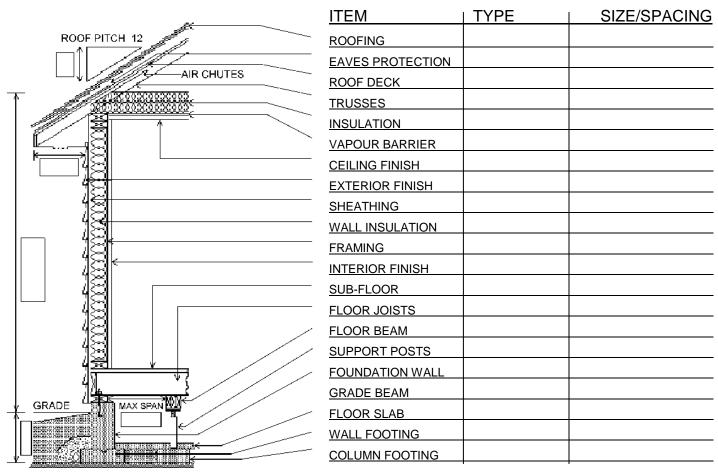
SITE PLAN - IF A SURVEY IS NOT INCLUDED WITH THE PLANS, PLEASE: SHOW DISTANCES TO ALL LOT LINES AT THE SHORTEST POINTS. PLEASE INDICATE ALL STREETS, LANES AND WATERFRONT AND SHOW NORTH - DIMENSIONS MUST CONFORM TO THE ZONING BYLAW OR ANY MINOR VARIANCE GRANTED.

CONSTRUCTION DETAILS

LENGTH:	WIDTH:	HEIGHT:	STOREYS:		
GROSS FLOOR AREAS PER STOREY:					
BASEMENT:	FIRST:	SECOND:	THIRD:		
METHOD OF HEATING:					
WOOD BURNING APPLIANCE	S (CO DETECTOR REQUIRED):	Yes / No. If yes, specify d	letails:		
Please check or circle one:					
WATER SUPPLY: Municipal / Private SEWAGE DISPOSAL: Municipal / Private					
IF A GARAGE: ATTACHED	DETACHED	IS THE BUILDING: NEW			
ENTER TOTAL NUMBER OF PLUMBING FIXTURES BEING INSTALLED UNDER THIS PERMIT:					
SHOWERS: BATH	TUBS: HOT T	UBS: WC (TOII	LETS):		
LAVATORIES (VANITIES):	KITCHEN SINKS:	LAUNDRY:	FLOOR DRAINS:		
NOTE: PLEASE AFFIX ALL ATTACHMENTS TO THIS APPLICATION.					
IF APPLICABLE - MINOR VARIANCE FILE NUMBER: DATE:					
SUMMARY:			_		
OTHER PERMITS REQUIRED					
	ENTRANCE 🗌 M.T.O. BUILD				
ENCROACHMENT ONTARIO HYDRO SERVICE ELECTRICAL SAFETY AUTH. MOVING					

Municipality of Machin-BUILDING FORM 5 - Application for Change of Use Permit - Revised April, 2012

THIS SKETCH MAY BE USED INSTEAD OF PLANS FOR SMALL PROJECTS



CHECK-LIST OF ATTACHMENTS

PLEASE SUBMIT TWO (2) COPIES OF ALL PLANS – ONE COPY WILL BE RETURNED WITH THE PERMIT FOR USE ON SITE DURING CONSTRUCTION – THE SITE SET MUST BE AVAILABLE DURING INSPECTIONS.

FLOOR PLANS:

FRAMING PLAN:

REFLECTED CEILING PLANS:

BUILDING ELEVATIONS:

SITE PLAN:

FOUNDATION PLAN:

ROOF PLANS:

SECTIONS & DETAILS:

ELECTRICAL DRAWINGS:

S: PLUMBING DRAWINGS:

HEATING, VENTILATION & AIR CONDITIONING DRAWINGS:

The Chief Building Official may specify that not all of the above mentioned plans are required to accompany an application for a permit.

ABANDONMENT AND CANCELLATION

A **BUILDING PERMIT** is deemed to have been abandoned and cancelled and the **Chief Building Official** may revoke such permit six months after the date of issue, unless such construction is seriously being proceeded with, or if construction is stopped for over twelve months. Refunds are set out in **Schedule "C" to the Building By-law**.

All of the statements and representations contained in the attached documents filed in support of this application shall be deemed part of this application for all purposes. Sufficient information shall be submitted with the application to enable the **Chief Building Official** to determine whether or not the proposed work will conform to the **Building Code Act** and regulations made thereunder and any other applicable law.

	PERMISSION FOR	AN AGENT	TO MAKE	APPLICATION
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to be my agent for th	he purpose of applicatio ant to the Building Code	n for a building perr				
Witness		Sign	ed	04	vner	
	DECLA	ARATION TO BE C		-		
	certify the truth of all state				uthorized Agent of the	Owner named in the
	issuance of a Change of any regulations made the pplication herein.					
I acknowledge that in application is prohibite	the event a Change of and such could result in	Jse Permit is issued the Change of Use P	, any departure fi ermit being revok	rom plans, spec ed.	cifications or building loca	tions proposed in this
requirements of the B	e that in the event the C uilding Code Act, or any r in or any official thereof an	egulations made there	eunder, there shall	l be no right of c		
Dated at the Mu	nicipality of Machin	, Ontario this	day c	of		20
	sentative, Municipality of Mach		ned		norized Agent of the Owner	
			FEES			
Fee value is based	upon the total number o	f units and, as dete	rmined by Sche	dule "A" to B	y-law No. 787-98.	
Fees (\$100.00	per Unit):					\$
Permit fee surc	charge if Change o	of Use started p	orior to rece	iving Chan	ge of Use permit:	\$
MINIMUM FEE	APPLIED? Y	ES 🗆 NO		Т	OTAL TO PAY	\$
For Office use only						
Zone	Frontage	Front yard		Interior side	Exterio	or side
Rear yard	Lot area	L	ot Coverage %		Height of Structu	re
Zoning Conformity:	Yes 🗌 No 🗌	Use allowed:	Yes 🗌 No 🗌	Mi	inor variance required:	Yes 🗌 No 🗌
O.P.A. required:	Yes 🗌 No 🗌	Z.B.A. required:	Yes 🗌 No 🗌	Pl	ans Approved:	Yes 🗌 No 🗌
Approved for Permit	t: Date:	Rev	iewed By:			
Conditions or other	Comments:					