



# Township of Wainfleet

*"Wainfleet - find your country side!"*

## Information for Applicants for Demolition Permits

The following information is required with demolition permit applications before review and processing of the permit can be completed:

1. Completed Permit Application Checklist
2. Completed Declaration Re: Clearances for Demolition Permit
3. Completed Application for a Permit to Demolish
4. Detailed plot plan clearly identifying all existing buildings and buildings intended for demolition as well as distances to property lines, locations of wells and septic systems, distances to neighbouring houses and agricultural buildings.
5. Two (2) copies of detailed construction drawings for the proposed work including reference to Ontario Building Code requirements and professional engineering or architectural drawings, as necessary.
6. Full payment of Demolition Permit Fees and Deposits must be paid upon application submission. (\$137.98 per 100m<sup>2</sup> or part thereof + deposit)

The above is basic information required for demolition permit applications – some applications may require additional information while others may not require all information as noted depending on the complexity of the proposed work.

### Demolition Inspections

Demolition inspections will normally be scheduled for **Monday/Wednesday/Friday** mornings. Special arrangements for inspections must be confirmed with the Building Department.

Normally two (2) days notice for inspections should be given and the cooperation of owners and contractors in this matter is appreciated.

To schedule inspections please call (905) 899-3463.

### Section 357/358 Application

Included in the Demolition Permit Package is a Section 357/358 Application form which may be submitted to the Township's Tax Department upon completion of the demolition.

The submission of this form may result in a reduction in property assessment due to the removal of certain buildings from the property. Please note that the demolition of a building will not necessarily result in a property assessment reduction. It is up to the discretion of the Municipal Property Assessment Corporation to reduce property assessments.

It is the property owner's responsibility to complete and submit this form. For assistance in completing the form or should you have any questions concerning the submission of the form, please contact the Township's Tax Department at (905) 899-3463. Completed forms must be returned to the Township Office.

# 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: _____ (Name of municipality, upper-tier municipality, board of health or conservation authority)			
A. Project information			
Building number, street name	Unit number	Lot/con.	
Municipality	Postal code	Plan number/other description	
Project value est. \$	Area of work (m <sup>2</sup> )		
B. Purpose of application			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit			
Proposed use of building	Current use of building		
Description of proposed work			
C. Applicant			
Applicant is: <input type="checkbox"/> Owner    or <input type="checkbox"/> Authorized agent of owner			
Last name	First name	Corporation or partnership	
Street address	Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
D. Owner (if different from applicant)			
Last name	First name	Corporation or partnership	
Street address	Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	

<b>E. Builder (optional)</b>			
Last name		First name	Corporation or partnership (if applicable)
Street address			Unit number Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )		Cell number ( )
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>			
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide registration number(s): _____			
<b>G. Required Schedules</b>			
i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.			
ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.			
<b>H. Completeness and compliance with applicable law</b>			
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted). 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
<b>I. Declaration of applicant</b>			
I _____ declare that: (print name)			
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.			
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.			
_____ Date		_____ Signature of applicant	

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

PERMIT ISSUED BY:

John Boerema, C.E.T., CBCO  
Chief Building Official, Township of Wainfleet

DATE

**SECTION 357/358 APPLICATION  
TO THE COUNCIL OR THE ASSESSMENT REVIEW BOARD**

Application/Appeal #
Taxation Year:

Municipality: \_\_\_\_\_ Roll Number: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Alternative Num: \_\_\_\_\_

Reason for Application: (Check one box only)

<input type="checkbox"/> Ceases to be liable for tax at rate it was taxed - 357(1)(a)	<input type="checkbox"/> Sickness or extreme poverty - 357(1)(d.1)
<input type="checkbox"/> Became exempt - 357(1)(c)	<input type="checkbox"/> Mobile unit removed - 357(1)(e)
<input type="checkbox"/> Razed by fire, demolition or otherwise - 357(1)(d)(i)	<input type="checkbox"/> Gross or manifest clerical/factual error - 357(1)(f)
<input type="checkbox"/> Damaged and substantially unusable - 357(1)(d)(ii)	<input type="checkbox"/> Repairs/Reno's preventing normal use (min. 3 months) - 357(1)(g)

Details of Reason: \_\_\_\_\_

Effective from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 (MM/DD/YY) (MM/DD/YY)

<b>ASSESSMENT REPORT: MUNICIPALITY</b>				<b>ASSESSOR</b>				
Assessment Roll As Returned		Revised Since Roll Return <input type="checkbox"/> Enter Revisions Below		Assessment Report	School Bd: <input type="checkbox"/> Eng <input type="checkbox"/> Fr <input type="checkbox"/> Other			
				<input type="checkbox"/> No Change in Assessment	<input type="checkbox"/> S357 Required for Next Year			
RTC/RTQ	2005 Base-year CVA	2008 Base-year CVA	Current Phased Assessment	Revised RTC/RTQ	Revised 2005 Base-year CVA	Revised 2008 Base-year CVA	Revised Current Phased Assessment	Change to Current Phased Assessment
Revised:				Reason for Change (Assessor Comments):				
Reason Original Assessment Revised: _____								

Assessor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

TREASURER'S REPORT ON TAX LIABILITY					
RTC/RTQ	Taxable Assessment Reduction	Tax Rate	Days / Months	Tax Adjustment	Original Levy

Recommended :  No Adjustment  Adjustment  Cancellation  Refund Total Amount \_\_\_\_\_

Comments: \_\_\_\_\_

Treasury Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**COUNCIL OR ASSESSMENT REVIEW BOARD DECISION:** Hearing Date (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_

Approved  Amended & Approved  Not Approved  Applicant Did Not Appear  Application Abandoned

Reason: \_\_\_\_\_

Appeared for Applicant \_\_\_\_\_ Appeared for Municipality \_\_\_\_\_

Signature of Council/ARB Member \_\_\_\_\_ Name/Title \_\_\_\_\_



THE CORPORATION OF THE  
**TOWNSHIP OF WAINFLEET**

19M43 Highway 3, P.O. Box 40  
Wainfleet, ON L0S 1V0  
Ph. (905) 899-3463 Fax. (905) 899-2340  
Website: [www.township.wainfleet.on.ca](http://www.township.wainfleet.on.ca)

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**DECLARATION RE: CLEARANCES FOR DEMOLITION PERMIT**

I, \_\_\_\_\_, applicant for a Demolition Permit  
(print name)

at \_\_\_\_\_  
(municipal number and street name)

have obtained clearances from the following utility/provincial agencies:

1. Hydro One 1-800-263-3644
2. Consumers Gas 1-800-400-2255 (Ontario One Call)  
or  
(905) 685-4841
3. Bell Canada 1-800-400-2255 (Ontario One Call)  
or  
(4104)
4. Ministry of Environment 1-800-263-1035  
(properties with wells)

I understand that it is my responsibility to obtain clearances from the above utility/provincial agencies prior to demolition.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date