

**CORPORATION OF THE CITY OF SARNIA**

P.O. Box 3018 Sarnia, ON N7T 7N2

Telephone: (519) 332-0330, Ext. 301

Fax: (519) 332-0776

**Application for a Permit to Demolish**

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

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. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	
C. Owner (if different from applicant)			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	
D. Builder			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	
E. Purpose of application			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit			
Proposed use of building		Current use of building	
Description of proposed work			

**F. Tarion Warranty Corporation (Ontario New Home Warranty Program)**

- i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.  Yes  No
- ii. Is registration required under the *Ontario New Home Warranties Plan Act*?  Yes  No
- iii. If yes to (ii) provide registration number(s): \_\_\_\_\_

**G. Attachments**

- i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

**H. Declaration of applicant**

I \_\_\_\_\_ certify that:  
(print name)

- 1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- 2. I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_

Date Signature of applicant

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

**DEMOLITION INFORMATION**

TYPE OF BUILDING TO BE DEMOLISHED: \_\_\_\_\_

SIZE OF BUILDING: \_\_\_\_\_

ESTIMATED COST: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_

The applicant is to phone or contact each of the following companies to disconnect their services and have a representative sign below:

\_\_\_\_\_  
Bell Canada 383 - 8298  
211 Lochiel St. Contact: Georgina McCaw

\_\_\_\_\_  
Bluewater Power 337 - 8201  
855 Confederation Street (for Water & Hydro)

\_\_\_\_\_  
Union Gas 1-888-325-5587  
Contact: Colleen McIlmoyle ext. 147

\_\_\_\_\_  
Sarnia Fire Department  
240 East Street 332-1122

\_\_\_\_\_  
Tax Department  
City Hall, 1<sup>ST</sup> Floor 332-0330, ext. 338

\_\_\_\_\_  
Chief Building Official  
City Hall, 3<sup>RD</sup> Floor 332-0330, ext. 270

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It is expressly understood and agreed that the issuing of a permit does not relieve the Owner or Agent from complying with all said laws and regulations although not called for in the specifications or shown on plans submitted. The Owner or Agent further agrees that if the permit issued is revoked for any irregularity of non-conformity with the said laws or regulations or variation from the plans and specifications submitted herewith, the Owner or Agent shall have no claim or cause of action against the City for same, or the results thereof, including, without limiting the generality of the foregoing, the necessity of repairing, demolishing or taking any other steps in relation to the property of the work done thereon. The Owner or Agent further agrees, at all times, to indemnify the Corporation from any and all claims for damages to persons or properties, including costs of repairs to or replacement of sidewalks, trees, curbs, gutters or lawns arising out of any or all acts or work being done in connection with the work outlined herein.

I certify that I have knowledge of the particulars contained in this application and they are fully and truly stated to the best of my knowledge and belief. I certify that I have authority to sign this Application and this said Application is executed in a manner binding upon the Owner.

This application shall be read with all changes of gender or number required by the context.

**Date:** \_\_\_\_\_ **Owner or Agent:** \_\_\_\_\_

- Note (1) Trees and sidewalks are considered to be in good condition unless shown to be otherwise by applicant.
- Note (2) All demolition work is to be carried out in a safe and workmanlike manner and in accordance with the requirements prescribed in the current regulations under the Occupational Health and Safety Act.
- Note (3) The site shall be raked clean and no debris of combustible or non-combustible nature shall be left on the premises.
- Note (4) Where the following conditions occur the applicant shall ensure that a professional engineer is responsible for field review of the demolition project; where the structure includes pre-tensioned or post-tensioned members; where it is proposed that the demolition will extend below the level of the footings of any adjacent building and occur within the angle of repose of the soil drawn from the bottom of such footings; where explosives or a laser are to be used during the course of demolition.

**CITY OF SARNIA**

City Clerk's Department

Telephone: (519) 332-0330

Fax: (519) 332-3995

E-mail: [clerk@city.sarnia.on.ca](mailto:clerk@city.sarnia.on.ca)



255 North Christina Street

P.O. Box 3018

Sarnia, ON

N7T 7N2

357 Assessment Reduction Application

Dear Sir/Madam:

This is to advise you, that as you are applying for a demolition permit, the property owned by you may be entitled to an adjustment in Municipal Taxes under Section 357 of the Municipal Act.

If you wish to pursue this matter further, and would like to be sent a 357 Assessment Reduction Application form, would you please contact me at the City Clerk's office, 332-0330, Ext. 350, if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Carol Barr".

Carol Barr  
Clerks Department