

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

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 ²)		
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

E. Builder (if known)				
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
F. New home construction licensing requirement				
i. Is the proposed construction for a new home as defined in the <i>New Home Construction Licensing Act, 2017</i> ? If no, go to section G.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is a licence required under the <i>New Home Construction Licensing Act, 2017</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide licence 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). 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				
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., 12th Floor. Toronto, ON M7A 2J3 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax number		Cell number
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
<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="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-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="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-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="padding-left: 40px;">Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> 1. The information contained in this schedule is true to the best of my knowledge. 2. I have submitted this application with the knowledge and consent of the firm. <p style="text-align: center; margin-top: 20px;"> </p> <p style="text-align: center; margin-top: 5px;"> Date Signature of Designer </p>			

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) 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 Professional Engineers Ontario.



TOWNSHIP OF McNAB/BRAESIDE
2508 RUSSETT DRIVE, R.R. # 2, ARNPRIOR, ONTARIO, K7S 3G8

BUILDING FORM "B" (SITE PLAN)

THIS DOCUMENT CONSTITUTES BUILDING FORM "B" WHICH IS REQUIRED AND MUST BE COMPLETED PRIOR TO THE ISSUANCE OF A BUILDING PERMIT IN THE MUNICIPALITY SPECIFIED ON FORM "A"
(REFER TO BACK OF THIS FORM FOR INSTRUCTIONS)

**- FOR OFFICE USE
ONLY -**

Permit No. _____
Address _____
Lot ____ Conc. ____ Plan ____

THE ACCURACY OF THE INFORMATION APPEARING ON BUILDING FORM "B" IS THE RESPONSIBILITY OF THE APPLICANT AND IS HEREBY MADE PART OF THIS APPLICATION. I HEREBY CERTIFY THAT THE INFORMATION APPEARING ON BUILDING FORM "B" IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY

OWNER OR AUTHORIZED AGENT _____

DATE _____

**TOWNSHIP OF McNAB/BRAESIDE
2508 RUSSETT DRIVE, R.R. # 2,
ARNPRIOR, ONTARIO, K7S 3G8**

ITEMS THAT MUST APPEAR ON SITE PLAN USED

1. Dimensions from proposed & existing buildings to all lot lines.
2. Name of Street
3. Frontage of Lot on the Street
4. Depth of Lot
5. If irregular shape, all dimensions
6. Location of Septic System. (Dimensions to all buildings and structures).
7. Location of Well
8. Location of Driveway
9. Size of Proposed Building or Addition.
10. Location of proposed or Existing Building in relation to all Lot lines.
11. North to be indicated
12. Location of Lot (Civic Address)
13. Drawings must be done to scale, with the scale indicated.
14. Do not forget to sign Building Form "B"

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-12
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 ² /m ²	1.81 in ² /100ft ²	0.93 L/s/m ²	0.18 cfm50/ft ²
Attached dwelling	3.0	2.12 cm ² /m ²	3.06 in ² /100ft ²	1.32 L/s/m ²	0.26 cfm50/ft ²

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.

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 ² or _____ ft ²	W, S & G % = _____	<input type="checkbox"/> Log/Post&Beam <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> ICF Basement <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)
Area of W, S & G = _____ m ² or _____ ft ²	Utilize window averaging: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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)			
Airtightness test required (Refer to Design Guide Attached)		<input type="checkbox"/> Table 3.1.1.4.B Required: _____ Permitted Substitution: _____	
		<input type="checkbox"/> Table 3.1.1.4.C Required: _____ Permitted Substitution: _____	
		Required: _____	Permitted Substitution: _____
Building Component	Minimum RSI / R values or Maximum U-Value ⁽¹⁾	Building Component	Efficiency Ratings
Thermal Insulation	Nominal Effective	Windows & Doors Provide U-Value ⁽¹⁾ or ER rating	
Ceiling with Attic Space		Windows/Sliding Glass Doors	
Ceiling without Attic Space		Skylights/Glazed Roofs	
Exposed Floor		Mechanicals	
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/(m²·K) or Btu/(h·ft²·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

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

LOCATION OF INSTALLATION

Lot # _____ Plan # _____
 Township _____
 Roll # _____
 Address _____

BUILDER

Name _____
 Address _____
 City _____
 Tel _____ Fax _____

INSTALLING CONTRACTOR

Name _____
 Address _____
 City _____
 Tel _____ Fax _____

COMBUSTION APPLIANCES
9.32.3.1.(1)

- a) Direct vent (sealed combustion only) _____
- b) Positive venting induced draft _____
 (except fireplaces)
- c) Natural draft, B-Vent or
 Induced draft fireplace _____
- d) Solid fuel (including fireplaces) _____

HEATING SYSTEM

Forced Air _____
 Non Forced Air _____
 Electric Space Heat _____

HOUSE TYPE 9.32.3.2.(2)

- I Type a) or b) appliances, no solid fuel _____
- II Type I except with solid fuel
 (including fireplace) _____
- III Any Type c) appliance _____
- IV Type I, or II with electric space heat _____
- OTHER: Type I, II, or IV no forced air _____

TOTAL VENTILATION CAPACITY 9.32.3.3.(1)

Bsmt & Master Bdrm _____ @ 10 L/S _____ L/S
 Other Bedrooms _____ @ 5 L/S _____ L/S
 Bathrooms & Kitchen _____ @ 5L/S _____ L/S
 Other Rooms _____ @ 5L/S _____ L/S
 TOTA _____ L/S

PRINCIPAL VENTILATION CAPACITY 9.32.3.4.(1)

Master Bedroom _____ @ 15 L/S _____ L/S
 Other Bedrooms _____ @ 7.5 L/S _____ L/S
 TOTAL _____ L/S

PRINCIPAL EXHAUST FAN CAPACITY

Model: _____ Location _____
 _____ L/S _____ Sones _____ HVI

HEAT RECOVERY VENTILATOR

Model: _____
 _____ L/S High _____ L/S Low
 _____ % Sensible Efficiency @ -25C _____ HVI

SUPPLEMENTAL VENTILATION CAPACITY

Total Ventilation Capacity _____ L/S
 Less Principal Vent. Capacity _____ L/S
 Required Supplemental Vent. Cap _____ L/S

SUPPLEMENTAL FANS 9.32.3.5

Location	Model	L/S	Sones	HVI
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SYSTEM DESIGN OPTION

- 1 Exhaust Only/Forced Air System _____
- 2 HRV with Exhaust Ducts/Forced Air System _____
- 3 HRV Simplified Connection to
 Air System _____
- 4 HRV - Full Ducting/Not Coupled
 To Forced Air System
 Part 6 Design _____

DESIGNER CERTIFICATION

I hereby certify that this ventilation system has been designed in accordance with the Ontario Building Code.

Name _____
 Signature _____
 HRAI # _____ Date _____

VENTILATION SYSTEM DECISION TREE

Dwelling has electric service?
Dwelling intended for occupancy on a continuing basis in winter?

Yes to both

No to either

Mechanical Ventilation is Required
Part 9 Residential occupancy?
4 or less bedrooms?
Self contained ventilation system serving single dwelling unit?
Builder wants to use Part 9 Design?

Mechanical Ventilation is not Required
Provide Natural Ventilation as per 9.32.1.2 and 9.32.2 of Code.

Yes to All Above

No to Any of Above

Non solid fuel fireplaces are direct vent?
Other non solid fuel appliances are direct vent or induced draft?

Design to Part 6

Yes to Both

No to Either

Part 9 of the Code applies
Select one of the System Options described?

Type III dwelling
Design to Part 6

Yes

No

Some electric space heat?
Solid fuel fired appliances present?

Design to Part 9

Yes to Either

No to Both

Type II or Type IV dwelling
HRV required
Couple ventilation to F/A heating system?

Type I dwelling.
Couple ventilation to FF/A system?

Yes

No

Yes

No

Options 2 and 3

Option 4

Options 1, 2, 3

Option 4

CO sensors required
If house contains solid fuel-fired combustion appliance

HOUSE TYPES

Type I

Only direct vented or mechanically induced draft fuel-fired combustion appliance: no solid fuel-fired combustion appliances: only direct vented fuel-fired fireplaces; no electric space heat.

Type II

Type I houses which contain solid fuel-fired combustion appliances.

Type III

All houses containing natural draft non-solid fuel-fired combustion appliances or mechanically vented induced draft non-solid fuel-fired fireplaces.

OPTIONS

OPTION 1

Exhaust only ventilation

OPTION 2

HRV coupled to a forced air heating system. Extended exhaust ductwork

OPTION 3

HRV coupled to a forced air heating system. Simplified exhaust ductwork.

OPTION 4

HRV not coupled to a forced air heating system.



THE CORPORATION OF
THE TOWNSHIP OF McNAB/BRAESIDE

2508 RUSSETT DRIVE, R. R. 2
 ARNPRIOR, ONTARIO K7S 3G8

Building Form "D"
 (Please Print Clearly)

Office: 613-623-5756

Plumbing Inspector: 613-623-5756 ext.225

APPLICATION FOR PLUMBING PERMIT TO:

<input type="checkbox"/> CONSTRUCT
<input type="checkbox"/> REPAIR
<input type="checkbox"/> ALTER

OWNER'S NAME _____ PHONE: H _____
 ADDRESS _____ W _____
 CONTRACTOR _____ PHONE: _____
 ADDRESS _____
 CERTIFIED PLUMBER _____ PHONE: _____
 ADDRESS _____
 PLUMBER'S LICENSE OR CERTIFICATE NO. _____
 LOCATION (Street) _____
 LOT _____ CONCESSION _____ PLAN NO. _____

FIXTURES (TOTAL EACH)		
Automatic Washer _____	Oil/Grease Interceptor _____	Sink _____
Back Water Valve _____	Roof Hopper _____	Urinal _____
Wash Basin _____	Hot Water Tank _____	Water Closet _____
Bath Tub _____	Laundry Tub _____	Vent (Roof) _____
Bidet _____	Garbage Grinder _____	Septic Conn. _____
Dishwasher _____	Shower Stall _____	Other _____
Floor Drain _____	Sewage Pump _____	

DECLARATION

I, the undersigned, _____, am the owner/the authorized agent of the owner, named in the above application, and I certify the truth of the contents of this application, the accompanying working drawings and specifications. I agree to comply with the provisions of the Plumbing Inspector of any changes to the application, working drawings and specifications and not to proceed with the changes without his authorization. I also agree to notify the Plumbing Inspector at least one business day prior to any inspection required and not to cover any plumbing until it has been inspected, tested and found to comply with the Plumbing Code.

 Date

 Signature of Owner/Authorized Agent

Permit No. _____
Permit Fee _____
Rec. _____



THE CORPORATION OF
THE TOWNSHIP OF McNAB/BRAESIDE

2508 RUSSETT DRIVE, R. R. 2
 ARNPRIOR, ONTARIO K7S 3G8

Building Form "E"
 (Please Print Clearly)

Office: 613-623-5756 ext.225

- CONSTRUCT
 REPAIR
 ALTER

Installer Information for Heating and Ventilation:

OWNER'S NAME _____ PHONE: H _____
 ADDRESS _____ W _____
 CONTRACTOR _____ PHONE: _____
 ADDRESS _____
 LICENSED TIN SMITH _____ PHONE: _____
 ADDRESS _____
 HEATING LICENSE OR CERTIFICATE NO. _____
 LOCATION (Street) _____
 LOT _____ CONCESSION _____ PLAN NO. _____

HEATING	TYPE OF FURNACE	APPROVAL OF APPLIANCE/STANDARD
OIL	_____	_____
PROPANE	_____	_____
ELECTRIC	_____	_____
WOOD	_____	_____
OTHER	_____	_____
COMBINATION.	_____	_____
TYPE OF CHIMNEY AND APPROVAL		_____

DECLARATION

I, the undersigned, _____, am the owner/the authorized agent of the owner, named in the above application, and I certify the truth of the contents of this application, the accompanying working drawings and specifications. I agree to comply with the provisions of the Plumbing Inspector of any changes to the application, working drawings and specifications and not to proceed with the changes without his authorization. I also agree to notify the Chief Building Official at least one business day prior to any inspection required.

_____ Date _____ Signature of Owner/Authorized Agent

Permit No. _____

Permit Fee _____

Rec. _____