

**TOWN OF CARLYLE
APPLICATION FOR BUILDING PERMIT
FORM A1 to Bylaw No. 2019-01**

I hereby make application to:
 _____ construct _____ alter _____ reconstruct/renovate

A building according to the information below and to the plans and documents attached to this application.

Civic address or location of work: _____

Legal Description: Lot _____ Block _____ Plan _____

Owner: _____ Address: _____

Telephone Number: _____

Designer: _____ Address: _____

Telephone Number _____

Contractor: _____ Address: _____

Telephone Number: _____

Nature of work: _____

Intended use of building: _____

Size of building: Length _____ Width _____ Height _____

Number of storeys: _____ Fire Escapes: _____

Number of stairways: _____ Width of stairways: _____

Number of exits: _____ Width of exits: _____

Foundation Soil Classification and Type: _____

Footings _____ Material _____ Size _____

Foundations _____ Material _____ Size _____

Exterior walls _____ Material _____ Size _____

Roof _____ Material _____ Size _____

Studs _____ Material _____ Spacing _____

Floor Joists _____ Material _____ Spacing _____

Girders _____ Material _____ Spacing _____

Rafters _____ Material _____ Spacing _____

Chimneys _____ Number _____ Size _____

_____ Material _____ Thickness _____

Heating _____ Lighting _____ Plumbing _____

Estimated value of construction (excluding site): \$ _____

Building area (area of largest storey): _____ square meters

Fee for building permit: \$ _____ **** OFFICE USE ONLY****

I hereby agree to comply with the Building Bylaw of the local authority and acknowledge that it is my responsibility to ensure compliance with the Building Bylaw of the local authority and with any other applicable bylaws, acts and regulations regardless of any plan review or inspections that may or may not be carried out by the local authority or its authorized representative.

_____ Date

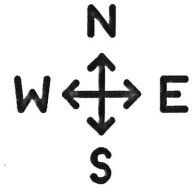
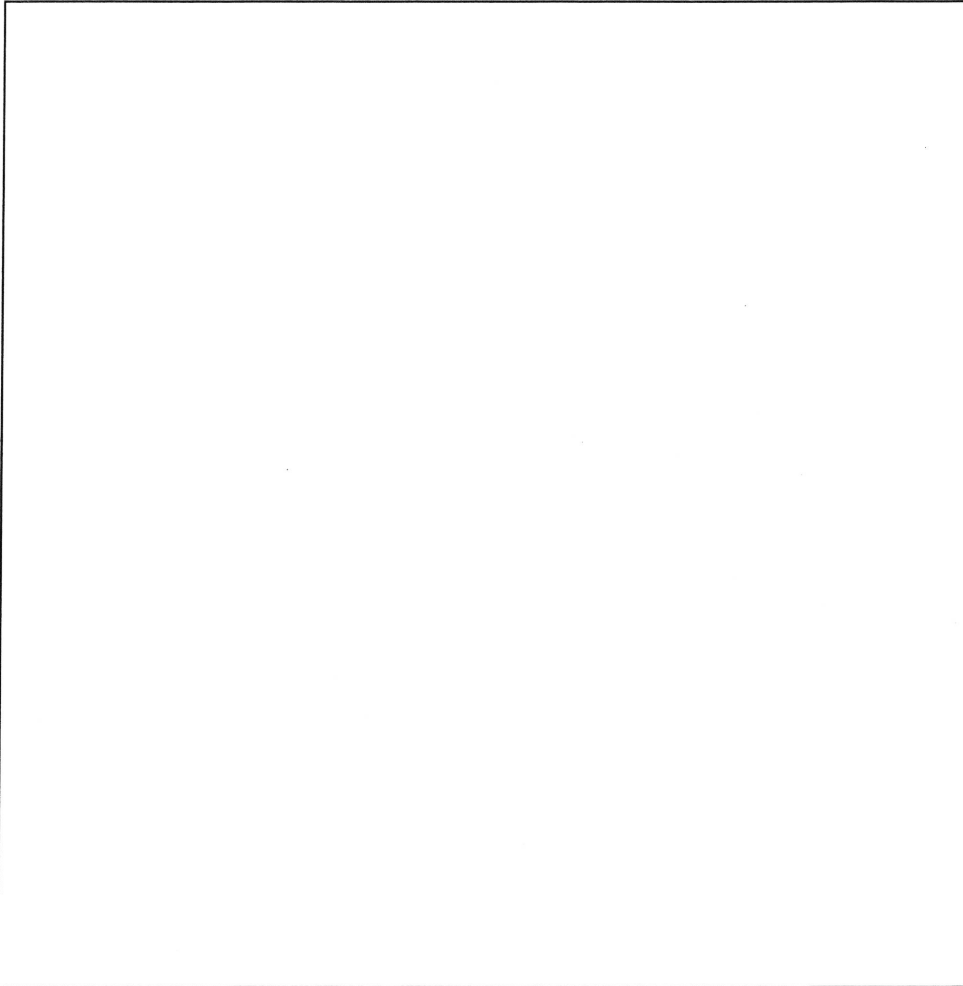
_____ Signature of Owner or Owner's Agent

TOWN OF CARLYLE
APPLICATION FOR BUILDING PERMIT
SITE PLAN
FORM A2, Bylaw 2019-01

Owner _____

Lot: _____ Block _____ Plan _____

Roll Number: _____ Alternate Number: _____



This plan is to be attached and form part of the application for building permit.

Signature of Owner or Owner's Agent

**Declaration of Conformance with Ventilation Requirements
Based on the 2015 National Building Code or
CAN/CSA-F-326-M**

Each section of this form that applies **MUST** be completed **correctly and entirely** (Page 1 & Page 2). Failure to do so, will result in a rejection by *MuniCode Services Ltd.*, and will require a resubmission. A **FRAMING Inspection CANNOT** be scheduled until the proper information has been received.

Part A – Contact Information

Project Address: _____ Municipality: _____

Owner's Name: _____ Telephone: _____

Mech Contractor: _____ Telephone: _____

Part B – Read the following statements carefully

- 1) Where non-heating-season ventilation is required, it shall be provided by natural ventilation or a mechanical ventilation system in accordance with Subsection 9.32.2 of the 2015 National Building Code.
- 2) Where heating-season mechanical ventilation is required, it shall be provided in accordance with Subsection 9.32.3. of the 2015 National Building Code **or** in conformance with good building practices as described in CAN/CSA-F-326-M “Residential Mechanical Ventilation Systems”.
- 3) All contractors installing ventilation systems must be familiar with Section 9.32 of the 2015 National Building Code **or** CAN/CSA-F-326-M “Residential Mechanical Ventilation Systems”. Anyone who is not familiar with either of these standards yet makes declarations as if they were, will be construed as providing false information to a Building Official, as described in The Uniform Building and Accessibility Standards Regulations – Part 2, Section 12(a). If the ventilation system is found to be incorrectly installed, the Building Official may require the contractor to carry out any and all repairs and/or alterations as necessary to ensure that the proper function of the system is achieved.

Part C – Declarative Statements – check one of the boxes for each statement that applies

1) The ventilation system shall be designed and installed in accordance with:

- (A) Section 9.32 of the 2015 National Building Code.
- or if more than 5 bedrooms in accordance with,**
- (B) CAN/CSA-F-326-M “Residential Mechanical Ventilation Systems”

If answer is (B), provide HRAI certification number: _____

2) If heating appliances (including furnaces, water heaters and fireplaces) are other than direct vent or mechanically vented, describe how protection against depressurization and subsequent combustion spillage will be achieved:

- (A) In accordance with Article 9.32.3.8 in Section 9.32 of the 2015 National Building Code.
- (B) Through the test procedure described in CAN/CGSB-51.71 “The Spillage Test: Method to Determine the Potential for Pressure-Induced Spillage from Vented, Fuel-Fired, Space Heating Appliances, Water Heaters and Fireplaces”.

(If answer is B, submit to *MuniCode* a test report in conformance with the above test procedure.)

3) The ventilation system will be composed of:

- (A) Separate Principal and Supplemental exhaust fans installed in accordance with Articles 9.32.3.3 to 9.32.3.7 of Section 9.32. of the 2015 National Building Code.
- (B) A combination of an air to air exchanger and supplemental exhaust fans as described in Articles 9.32.3.3 to 9.32.3.7, 9.32.3.12 of Section 9.32 of the 2015 National Building Code.
- (C) A principle exhaust fan (air to air exchanger) capable of exhausting the kitchen and other rooms at a rate of not less than 2.5 times the minimum normal operating exhaust capacity specified in Table 9.32.3.3. and as described in Articles 9.32.3.3 to 9.32.3.7 of Section 9.32 of the 2015 National Building Code.
- (D) A mechanical ventilation system designed, constructed and installed in accordance with good practice such as described in CAN/CSA-F-326-M “Residential Mechanical Ventilation Systems”

Part D – Declaration – state name and company

I _____ of _____ declare that all the information I have provided to *MuniCode* Services Ltd., is accurate and true to the best of my knowledge.

Date: _____

Signature: _____