



TOWN OF OROMOCTO

APPLICATION FOR A BUILDING / DEVELOPMENT PERMIT

JOB SITE DETAILS:

Lot #:	Civic #:	Street Name:	PID:
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TYPE OF CONSTRUCTION:

<input type="checkbox"/> House	<input type="checkbox"/> Modular	<input type="checkbox"/> Addition to existing Structure	<input type="checkbox"/> Alteration/repair
<input type="checkbox"/> House with attached garage			
<input type="checkbox"/> Accessory Building (Schedule 1)	<input type="checkbox"/> Mini-home	<input type="checkbox"/> Deck (Schedule 3)	<input type="checkbox"/> Demolition
<input type="checkbox"/> Pool (Schedule 4)	<input type="checkbox"/> Sign (Schedule 5)	<input type="checkbox"/> Fence (Schedule 6)	<input type="checkbox"/> Temporary Storage Shelter (Schedule 7)

INTENDED USE:

<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Two Unit Dwelling	<input type="checkbox"/> Storage	<input type="checkbox"/> Other
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STRUCTURE DETAILS/SCHEDULES REQUIRED:

Size/Dimension of Structure: _____(FT) x _____(FT)	Number of Storeys: 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/>
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CONSTRUCTION TIMELINE / COST:

Proposed start date:	Expected completion date:	Estimate cost of construction:
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APPLICANT:

Name:		Company Name:	
Mailing Address:	Civic #:	Street Name:	Email.:
City/Town/Village:	Province:	Postal Code:	
Home #:	Office #:	Cell #:	

LEGAL PROPERTY OWNER: or Same as Applicant

Name:		Company Name:	
Mailing Address:	Civic #:	Street Name:	
City/Town/Village:	Province:	Postal Code:	
Home #:	Office #:	Cell #:	

BUILDER: or Same as Applicant

Name:		Company Name:	
Mailing Address:	Civic #:	Street Name:	
City/Town/Village:	Province:	Postal Code:	
Home #:	Office #:	Cell #:	

PLUMBING / ELECTRICAL: N/A

Plumbing Company:	Contact:	Contact #:
Electrical Company:	Contact:	Contact #:
Heating: <input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Other
	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Heat Pump

Water and Sewer Application attached. A Building Permit will not be issued until written notification from Town Works Dept. is received.

I am applying for a building permit for the above detailed work which will comply with the National Building Code of Canada 2010. I am aware of the requirements of the Town of Oromocto Building By-Law 413 and my responsibilities thereunder. By signing I also acknowledge that I have been advised of the required inspections.

Signature of Applicant:	Date:
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PLANS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	ENGINEERED PLANS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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Foundation System:		
Type: Poured Concrete <input type="checkbox"/> ICF <input type="checkbox"/> ICF Manufacturer: _____ ICF to be used ABOVE Grade as well? <input type="checkbox"/> YES <input type="checkbox"/> NO	Design: Slab-on-grade <input type="checkbox"/> 4' Frost Wall <input type="checkbox"/> 8' Basement <input type="checkbox"/> Other: <input type="checkbox"/> _____	Footing Size: _____ H x _____ W Wall Thickness: 6" <input type="checkbox"/> 8" <input type="checkbox"/> Other: <input type="checkbox"/> _____
Size of Reinforced Steel: 10 M <input type="checkbox"/> 15 M <input type="checkbox"/> Other: <input type="checkbox"/> _____		

Floor System:		Spacing o/c:	Subfloor:
2" x 10" Joists <input type="checkbox"/>	Size: _____ Manufacturer: _____ Size: _____ Manufacturer: _____ Other: <input type="checkbox"/> _____	12" <input type="checkbox"/>	Plywood: <input type="checkbox"/>
2" x 8' Joists <input type="checkbox"/>		16" <input type="checkbox"/>	OSB: <input type="checkbox"/>
2" x 6" Joists <input type="checkbox"/>		19.2" <input type="checkbox"/>	Boards: <input type="checkbox"/>
Engineered OWJ <input type="checkbox"/>		24" <input type="checkbox"/>	Other: <input type="checkbox"/> _____
Engineered Wood 'I' <input type="checkbox"/>		Other: <input type="checkbox"/> _____	
Joist Span: _____		Strapping:	Subfloor Thickness:
		1" x 3" <input type="checkbox"/>	5/8" <input type="checkbox"/>
		1" x 4" <input type="checkbox"/>	3/4" <input type="checkbox"/>
		Other: <input type="checkbox"/> _____	Other: <input type="checkbox"/> _____

Wall System:			
Type: Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other: <input type="checkbox"/> _____	Wall Size: 2" x 4" <input type="checkbox"/> 2" x 6" <input type="checkbox"/> 2" x 8" <input type="checkbox"/> Other: <input type="checkbox"/> _____	Stud Spacing o/c: 12" <input type="checkbox"/> 16" <input type="checkbox"/> 24" <input type="checkbox"/> Other: <input type="checkbox"/> _____	Wall Sheathing: 7/16" OSB: <input type="checkbox"/> 3/4" Boards: <input type="checkbox"/> Plywood: <input type="checkbox"/> Other: <input type="checkbox"/> _____

Roof System:		
Engineered Trusses Used: <input type="checkbox"/> YES <input type="checkbox"/> NO	Truss Spacing: 12" <input type="checkbox"/> 16" <input type="checkbox"/> 24" <input type="checkbox"/> Other: <input type="checkbox"/> _____	Rafter Size: 2" x 4" <input type="checkbox"/> 2" x 6" <input type="checkbox"/> 2" x 8" <input type="checkbox"/> Other: <input type="checkbox"/> _____
Truss Manufacturer: _____		Rafter Span: _____
Truss Span: _____		

Roof Sheathing:		Roof Sheathing Thickness:	
Plywood: <input type="checkbox"/>	Boards: <input type="checkbox"/>	1/2" <input type="checkbox"/>	3/4" <input type="checkbox"/>
OSB: <input type="checkbox"/>	Other: <input type="checkbox"/> _____	5/8" <input type="checkbox"/>	Other: <input type="checkbox"/> _____

OFFICE USE ONLY: (If under 5000\$ = 40\$) (Temporary Storage Shelter, Accessory bldg. under 10m², fence under 30 linear metres = 20\$)
ADMINISTRATIVE: (\$7.50 / \$ 1000.00 of estimated construction cost)

Fee: \$ 7.50x(_____) = \$ _____	<input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____ Curb Cut Received <input type="checkbox"/> Amount _____	HVAC Form: <input type="checkbox"/>	Received by: _____
<input type="checkbox"/> Under \$5000 = \$40		Irrevocable Letter of Direction: <input type="checkbox"/>	Application #: _____
Building Deposit _____			

DEVELOPMENT OFFICER REVIEW: (Zoning and Land Use)			
Zone <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> R-5 <input type="checkbox"/> R-6 <input type="checkbox"/> OTHER			
Permitted use <input type="checkbox"/> NO <input type="checkbox"/> YES	Comments		
Reviewed by: _____	Date reviewed: _____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED (see attached)

BUILDING INSPECTOR REVIEW:		
Reviewed/Issued by: _____	Date issued: _____	Permit #: _____

Irrevocable Letter of Direction

TO: _____
Being the Solicitor representing the undersigned Applicant

Property: _____

Hereinafter referred to as the "Property"

I, _____, of _____ (company name) am requesting that a Building Permit be issued on the above noted property from the Town of Oromocto.

In consideration of a Building Permit being issued I hereby direct my Solicitor to obtain a **Final Inspection Report** from the Town of Oromocto upon completion of the home and prior to conveying the Property.

Dated at the Town of Oromocto, County of Sunbury and Province of New Brunswick this ____ day of _____, 20__

Witness

Applicant

Solicitors Acknowledgement

I/We _____ of _____, in the Province of New Brunswick do hereby confirm that I/We have been instructed by my/our client and have due regard for and observe the requirements of the Direction in my/our handling of the sale transaction.

Prior to the sale of the subject property I/We will obtain a satisfactory Final Report from the Town of Oromocto ensuring that a proper inspection has been done on the property before conveyance.

I/We agree to notify the Town of Oromocto if I/We are no longer retained by the Client in respect to the sale of the Property .

Dated at the Town of Oromocto, County of Sunbury and Province of New Brunswick this ____ day of _____, 20__.

Signature of Solicitor

RESIDENTIAL MECHANICAL VENTILIATION RECORD

Property Information:		Contractor information:	
Civic Address & Lot No.		Ventilation Contractor:	
Owner/Builders Name:		Certification Type & No.	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	

Ventilation System Option:	Heating System/Appliances:
<input type="checkbox"/> HRV not coupled to a forced air heating system (stand-alone) <input type="checkbox"/> HRV Coupled to a forced air heating system <input type="checkbox"/> Outdoor air supply duct coupled to a forced air heating system and principle/supplemental exhaust fan(s) <input type="checkbox"/> Outdoor air supply duct c/w auxiliary fan coupled to a forced air heating system and principal/supplemental exhaust fan(s) <input type="checkbox"/> Auxiliary supply fan system not coupled to a forced air heating system and principal/supplemental exhaust fan(s)	<input type="checkbox"/> Forced Air <input type="checkbox"/> Non Forced Air <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> No combustion appliances (Including Direct Vent Sealed Combustion) <input type="checkbox"/> Combustion appliance-Specify: _____ <input type="checkbox"/> Clothes Dryer <input type="checkbox"/> Other Exhaust (over 150 CFM) Make up air Required <input type="checkbox"/> Yes <input type="checkbox"/> No

Ventilation Capacity (Minimum):	Additional Exhaust:
Master Bedroom _____ @ 20 cfm = _____ cfm Other Bedrooms _____ @ 10 cfm = _____ cfm Bathroom & Kitchen _____ @ 10 cfm = _____ cfm Living and Dining _____ @ 10 cfm = _____ cfm Laundry Room _____ @ 10 cfm = _____ cfm Finished Basement _____ @ 20 cfm = _____ cfm (Min. Total Ventilation Capacity (TVC) _____ cfm	Kitchen(s) _____ @ _____ cfm = _____ cfm Bathrooms(s) _____ @ _____ cfm = _____ cfm <div style="text-align: right;">Total = _____ cfm</div>

HRV System:	System Certification:
Manufacture/Brand: _____ Model: _____ HRV Rated <input type="checkbox"/> 60% Sensible Heat recovery Efficiency <input type="checkbox"/> Yes Design Airflow _____ cfm High _____ cfm Low Supply airflow Measured _____ cfm High _____ cfm Low Exhaust Airflow Measured _____ cfm High _____ cfm Low	I certify the ventilation system is designed and installed in accordance with: <input type="checkbox"/> CSA F326 <input type="checkbox"/> 2010 NBC <input type="checkbox"/> R-2000 <input type="checkbox"/> Energy Star Certified Signature: _____ Date: _____ Certification Type and No.: _____

Note: Ensure the owner has received instructions on the operation of the ventilation system and is in receipt of the operations manual