



**THE CORPORATION OF THE TOWN OF WHITBY  
PLANNING & DEVELOPMENT DEPARTMENT – BUILDING DIVISION  
PHONE: (905) 430-4305  
DEMOLITION SIGN-OFF FORM**

**For Office Use Only**

Date Received:	<input type="text"/>	Date Issued:	<input type="text"/>
Permit Application No.:	<input type="text"/>	Issued By:	<input type="text"/>
Permit Fee:	Curb Deposit:	Sidewalk Deposit:	
Boulevard Deposit:	Fence Deposit:	Sodding Deposit:	

**A. Property Address**

Municipal Address: \_\_\_\_\_

**B. Project Information**

Does the building exceed 3 storeys in building height or 600 m<sup>2</sup> (6460 ft<sup>2</sup>) in building area?  yes  no

Are explosives or laser being used in the demolition?  yes  no

Building Type: \_\_\_\_\_ Present Use: \_\_\_\_\_

**APPROVALS FROM AUTHORITIES THAT ALL SERVICE CONNECTIONS ARE DISCONNECTED. REQUIRED PRIOR TO ISSUANCE OF PERMIT**

**Enbridge Gas**, 500 Consumers Rd | North York | ON-M2J 1P8  
Toll Free: 1-855-228-4898 , Kawartha Lakes: Options 5-3 | Durham Region: Options 5-2  
Request by email to [wmexecutionoshpetebarrie@enbridge.com](mailto:wmexecutionoshpetebarrie@enbridge.com)

\_\_\_\_\_

Name Signature Date

**Elexicon Energy Inc.**, 55 Taunton Road East, Ajax, Ontario L1T 3V3 – Telephone: 905-427-9870  
Request by email to [customercare@elexiconenergy.com](mailto:customercare@elexiconenergy.com)

\_\_\_\_\_

Name Signature Date

**Rogers Cable**, 301 Marwood Drive, Oshawa, Ontario L1H 7J4 – Telephone: 416-561-3910 or Fax: 905-436-1753  
Request by email to [matt.gilmore@rci.rogers.com](mailto:matt.gilmore@rci.rogers.com)

\_\_\_\_\_

Name Signature Date

**Bell Telephone**, Engineering Dept., 15 Victoria Street, Oshawa, Ontario L1H 8W9 –  
Request by email to [oshawa.engineering@bell.ca](mailto:oshawa.engineering@bell.ca)

\_\_\_\_\_

Name Signature Date

**Region of Durham**, Demolition Permits, 825 Conlin Road, Whitby, Ontario L1R 3K3 – Telephone: 905-655-3344  
Request by email to [watermeterdivision@durham.ca](mailto:watermeterdivision@durham.ca)

\_\_\_\_\_

Name Signature Date

**Heritage Whitby Advisory Committee**, 575 Rossland Road E., Whitby, Ontario L1N 2M8 – Telephone: 905-430-4306  
Request by email to [heritage@whitby.ca](mailto:heritage@whitby.ca)

\_\_\_\_\_

Name Signature Date

**NOTE: Signatures from above authorities are sufficient except in cases where there are special conditions. In these cases written approvals are required. Applicant to comply with Property Standards. Property to be graded and levelled.**

**J. Declaration of applicant**

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

**I have the authority to act on behalf of the corporation or partnership with respect to this application (if applicable).**

\_\_\_\_\_

Date Signature of applicant



# 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: THE CORPORATION OF THE TOWN OF WHITBY  
 (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: (Model Type if applicable)	

C. Applicant <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Applicant is:			
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 (optional)			
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>		
<p>I _____ declare that:</p> <p style="margin-left: 40px;">(print name)</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: 40px;"> <span>Date</span> <span>Signature of applicant</span> </p>		

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.