

# BUILDING PERMIT

Town of Fort Frances

Phone: 807-274-5323 Fax: 807-274-8479



By-Law No. 10/94 as amended  
Building Code Act S.O. 2006, c 19 s.8.-(1)

**Permit #**  
**2017-114**

**Roll #**  
59-12-010-004-08700-  
0000

Owner: MERLE KATHLEEN MCFAYDEN  
Owner Address: \_\_\_\_\_  
Project Location: 715 THIRD ST W  
Type of Construction: Addition to Dwelling

Contractor: Gerald Weiringa, True Line Construction  
Contractor's Address: Emo Ontario  
Main Permitted Use of Building: Single Family Dwelling  
Legal Description: PT BLOCK B SM193 RR33 PT 7;PCL BLK B-11 Zone: R1 Side: East  
Building Width: 26 Building Length: 16 Building Ht: 17  
Setbacks: Front 25 Left NA Right 9 Rear 25+  
Estimated Cost: \$60 000.00

Description of Work:  
Addition to dwelling. 16x26 foot addition. East Side of home.

Permit Fee	\$680.65
Plumbing Inspection Fee	\$0
Finished Grade Level Fee	\$0
HST	\$0
<b>Total Fees Payable</b>	<b>\$680.65</b>

## **THIS PERMIT IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS**

The person to whom this permit has been issued shall notify the office of the Chief Building Official at least one business day in advance and request inspection of the stages specified below.

- \*\* Commencement of construction.
- \*\* Footings & Foundations (Concrete, Masonry, PWF).
  - (i) all formwork and installation of any required reinforcement prior to placement of concrete.
  - (ii) completion of foundation dampproofing and subsurface drainage prior to backfilling.
- \*\* Completion of structural framing for each storey
- \*\* Readiness for inspection and testing of:-
  - (i) building sewers and drains.
  - (ii) drainage, waste and venting systems.
- \*\* Completion of insulation and vapour barriers prior to installation of interior finishes
- \*\* Completion of interior ventilation, air conditioning and air contaminant extraction systems.
- \*\* Substantial completion of all required fire separations and closures, and all fire protection systems including but not limited to; fire alarms, smoke alarms, emergency lighting, stand pipe and sprinkler systems.

This permit does not include permission to dig, tunnel or bore into or under any part of a street, nor to occupy or obstruct any street, sidewalk or other municipal property. To obtain permission to occupy the street or sidewalk during construction, present this permit at the office of the Manager of Operations and Facilities, Public Works Division.

This permit is granted on the express condition of full compliance with the provisions of the Building Code Act, S.O. 2006, c 19, s.8-(1), and regulations made thereunder and of any By-Law or any amendment thereto of the municipality which in part or in whole regulates the structural requirements, the erection, alteration, location, use etcetera, of buildings, unless otherwise specifically so provided for and approval of in writing by the Chief Building Official. This permit is subject to revocation pursuant to subsection 8.-(10) of the Building Code Act.

No person shall occupy, use or permit to be occupied any building or part thereof newly erected or installed prior to notifying the Chief Building Official of the intent to occupy and obtaining an Occupancy Permit, ref; OBC Div. C, Part 1, subsec. 1.3.3.

PERMIT RECEIVED BY

PERMIT ISSUED BY Chief Building Official

October 27, 2017  
Date Issued

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Readiness to Construct Footings

Required: ☒ Yes

☐ No

Date: \_\_\_\_\_

Nov 7, 2017 2:30p

- Footings formed on unfrozen compacted material
- Footings 20x8 pinned into existing
- Contractor to put weepers & pit in
- Bar still to be tied prior to concrete
- EXISTING Piers to remain
- RIGID LWS TO BE INSTALLED AROUND FOOTING
- CONCRETE TO BE HEATED - TARPS ON SITE.

Footings & Foundations Prior to Backfill

Required: ☒ Yes

☐ No

Date: \_\_\_\_\_

Nov 19, 2017

- Foundation Framing ok
- Ground still thawed w/ clear stone around footing & w/ weeping tile per drawings
- Foam to be installed w/ light sand only as floor not poured in crawlspace
- Beam to be re framed to bear on wall in existing window opening.

Substantial Completion of Structural Framing

Required: ☐ Yes

☐ No

Date: \_\_\_\_\_

HVAC & Plumbing Rough in

Required: ☐ Yes

☐ No

Date: \_\_\_\_\_

## 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 <b>Fort Frances, Ontario</b>	Postal code	Plan number/ other description <b>Merle McFaden - addition</b>	

### B. Individual who reviews and takes responsibility for design activities

Name <b>Daniel Mack</b>		Firm <b>DGM Design</b>	
Street address <b>787 Allan Road</b>		Unit no.	Lot/con.
Municipality <b>Emo</b>	Postal code <b>P0W 1E0</b>	Province <b>Ontario</b>	E-mail <b>dan.dgmdesign@gmail.com</b>
Telephone number ( )	Fax number ( )	Cell number <b>( 204 ) 276-3815</b>	

### C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

<input checked="" 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  
**Design addition to existing house with crawl space.**

### D. Declaration of Designer

I **Daniel Mack** declare that (choose one as appropriate):  
(print name)

☒ 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.

Individual BCIN: **102062**

Firm BCIN: **102602**

☐ 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.

Individual BCIN: \_\_\_\_\_

Basis for exemption from registration: \_\_\_\_\_

☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: \_\_\_\_\_

I certify that:

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.

**Oct 24 2017**  
Date

*[Signature]*  
Signature of Designer

#### NOTE:

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



# 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 <b>Fort Frances</b>	Postal code	Reg. Plan number / other description <b>Addition</b>	

## B. Prescriptive Compliance [indicate the building code compliance package being employed in this house design]

SB-12 Prescriptive (input design package): Package: \_\_\_\_\_ Table: **3.1.1.11**

## C. Project Design Conditions

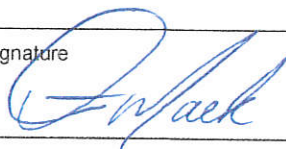
<b>Climatic Zone (SB-1):</b>	<b>Heating Equipment Efficiency</b>	<b>Space Heating Fuel Source</b>
<input type="checkbox"/> Zone 1 (< 5000 degree days)	<input type="checkbox"/> ≥ 92% AFUE	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Solid Fuel
<input checked="" type="checkbox"/> Zone 2 (≥ 5000 degree days)	<input checked="" type="checkbox"/> ≥ 84% < 92% AFUE	<input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Earth Energy
<b>Ratio of Windows, Skylights &amp; Glass (W, S &amp; G) to Wall Area</b>		<b>Other Building Characteristics</b>
Area of walls = _____ m <sup>2</sup> or <b>580</b> ft <sup>2</sup>		<input type="checkbox"/> Log/Post&Beam <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> ICF Basement
W, S & G % = <b>14</b>		<input type="checkbox"/> Slab-on-ground <input type="checkbox"/> Walkout Basement
Area of W, S & G = _____ m <sup>2</sup> or <b>79</b> ft <sup>2</sup>		<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Combo Unit
Utilize window averaging: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Air Sourced Heat Pump (ASHP)
		<input type="checkbox"/> Ground Sourced Heat Pump (GSHP)

## 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 <sup>(1)</sup>		Building Component	Efficiency Ratings
<b>Thermal Insulation</b>	Nominal	Effective	<b>Windows &amp; Doors</b> Provide U-Value <sup>(1)</sup> or ER rating	
Ceiling with Attic Space	60	59.22	Windows/Sliding Glass Doors	.25
Ceiling without Attic Space			Skylights/Glazed Roofs	
Exposed Floor			<b>Mechanicals</b>	
Walls Above Grade	22+7.5ci	23.90	Heating Equip. (AFUE)	
Basement Walls	12+10ci	21.12	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/(m<sup>2</sup>·K) or Btu/(h·ft<sup>2</sup>·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 <b>Dan Mack</b>	BCIN <b>102062</b>	Signature 



# Building Department

TOWN OF FORT FRANCES  
320 PORTAGE AVENUE  
FORT FRANCES, ON  
Phone: 807.274.5323



## BUILDING PERMIT

Municipality: **Fort Frances**

Applicant Name: **Merle McFayden**

Owner Name: **MERLE KATHLEEN MCFAYDEN**

Address: **715 STREET WEST**

**FORT FRANCES**

**ONTARIO**

**P9A 3B5**

Legal Description: **PT BLOCK B SM193 RR33 PT 7;PCL BLK B-11**

Location: **715 THIRD ST W**

Permit No: **2017114**

Issued: **10/27/2017**

Work Description:

Addition to dwelling. 16x26 foot addition. East Side of home.

\_\_\_\_\_  
*Chief Building Official*

\*\*\*\* THIS PERMIT TO BE POSTED IN A CONSPICUOUS LOCATION \*\*\*\*



I verify that this site plan, prepared by me or on my behalf, depicts accurately the size and location of all buildings and structures on the property to which this application relates, and understand that false or misleading information may result in a denial of the application without refund of fees paid.

Date

Signature

9' ← 45' → 6'