

# Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

| For use by Principal Authority |                                                |
|--------------------------------|------------------------------------------------|
| Application number:            | Permit number (if different): <b>10-136209</b> |
| Date received:                 | Roll number:                                   |

Application submitted to: City of Toronto

District Offices:  
☐ North York 416-395-7000 ☒ Toronto and East York 416-392-7539 ☐ Scarborough 416-396-7526 ☐ Etobicoke York 416-394-8002

| A. Project information                           |                             |                                                          |          |
|--------------------------------------------------|-----------------------------|----------------------------------------------------------|----------|
| Building number, street name: <b>84 Ava Road</b> |                             | Unit number:                                             | Lot/con: |
| Municipality: <b>Toronto</b>                     | Postal code: <b>M5P 3K9</b> | Plan number/other description: <b>Lot 117 Plan M-511</b> |          |
| Project value est. \$:                           |                             | Area of work (m <sup>2</sup> ): <b>525.00</b>            |          |

| B. Applicant                                                                                                  |                             |                                                        |              |
|---------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|--------------|
| Applicant is: <input type="checkbox"/> Owner or <input checked="" type="checkbox"/> Authorized agent of owner |                             |                                                        |              |
| Last name: <b>Applebaum</b>                                                                                   | First name: <b>Benjamin</b> | Corporation or partnership: <b>Holy Blossom Temple</b> |              |
| Street address: <b>1950 Bathurst Street</b>                                                                   |                             | Unit number:                                           | Lot/con:     |
| Municipality: <b>Toronto</b>                                                                                  | Postal code: <b>M5P 3K9</b> | Province: <b>Ontario</b>                               | E-mail:      |
| Telephone number: <b>(416) 789-3291</b>                                                                       | Business:                   | Fax: <b>(416) 789-9697</b>                             | Cell number: |

| C. 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:                      | Business:    | Fax:                        | Cell number: |

| D. 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:     | Business:    | Fax:                                        | Cell number: |

| E. Purpose of application                                                                                                                                                                                                                 |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit |                                                 |
| Proposed use of building: <b>Please see cover letter</b>                                                                                                                                                                                  | Current use of building: <b>vacant dwelling</b> |
| Description of proposed work: <b>Building</b>                                                                                                                                                                                             |                                                 |
| Is it a multiple residential application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(If Yes, attach schedule A)                                                                                              |                                                 |
| To demolish existing residential structure with no replacement dwelling proposed.                                                                                                                                                         |                                                 |

| F. Tarion Warranty Corporation (Ontario New Home Warranty Program)                                                         |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| i. Is proposed construction for a new home as defined in the Ontario New Home Warranties Plan Act? If no, go to section G. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| ii. Is registration required under the Ontario New Home Warranties Plan Act?                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| iii. If yes to (ii) provide registration number(s):                                                                        |                                                                     |

| G. Attachments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.<br>ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.<br>iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.<br>iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made. |

| H. Declaration of applicant                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I, <u>Benjamin Applebaum</u> (print name) certify that:<br>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.<br>2. I have authority to bind the corporation or partnership (if applicable).<br><u>Marcilio</u> Date: <u>March 10</u> Signature of applicant: |

Personal information contained in this form and schedules is collected under the authority of subsection 8(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) 585-6696.

09/09/99









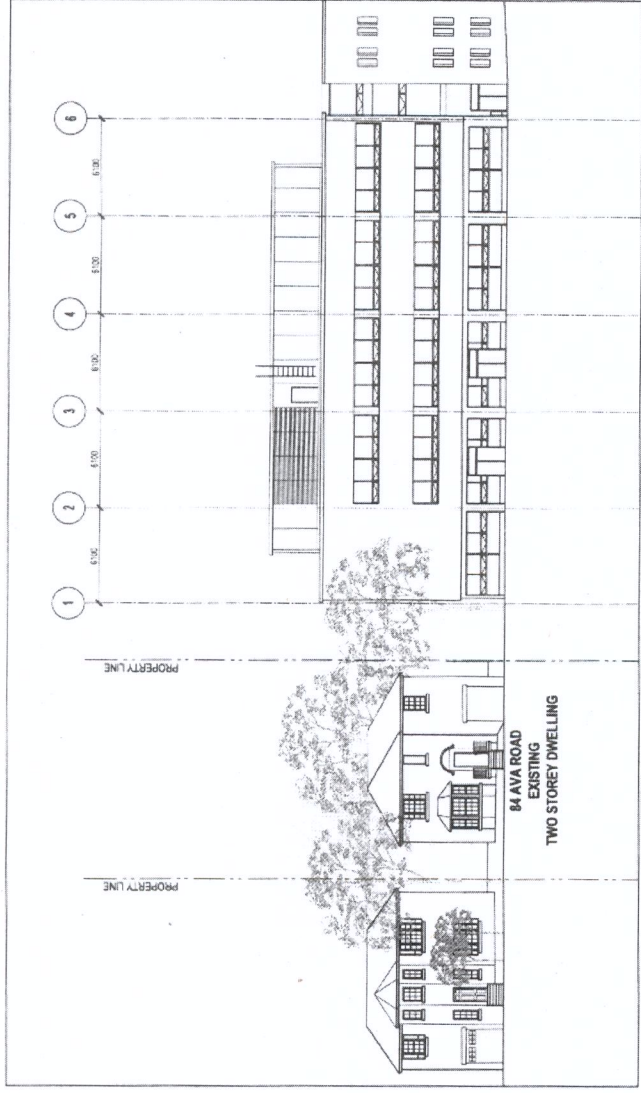




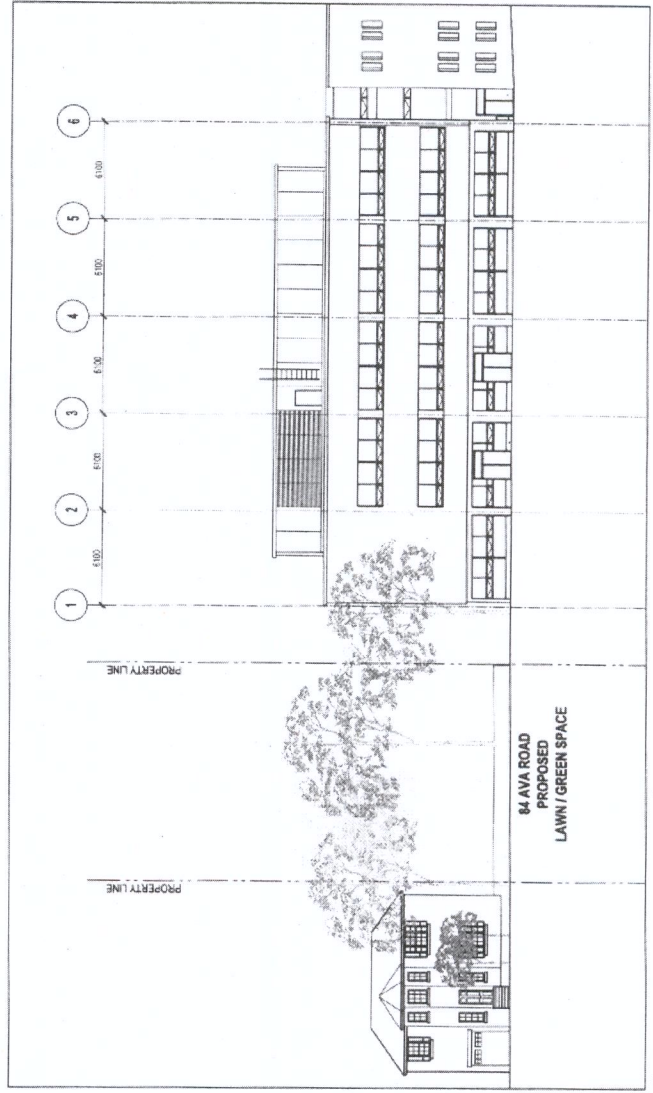


PROJECT: 84 AVA ROAD, TEMPLE HENRIAL  
 CLIENT: HOLY BLOSSOM TEMPLE HENRIAL  
 ARCHITECT: DIAMOND AND SCHMIDT ARCHITECTS  
 DATE: 10/2018  
 DRAWING NO: A005

| NO. | DATE    | DESCRIPTION        |
|-----|---------|--------------------|
| 1   | 10/2018 | PROPOSED ELEVATION |
| 2   | 10/2018 | EXISTING ELEVATION |
| 3   | 10/2018 | PROPOSED ELEVATION |
| 4   | 10/2018 | EXISTING ELEVATION |
| 5   | 10/2018 | PROPOSED ELEVATION |
| 6   | 10/2018 | EXISTING ELEVATION |
| 7   | 10/2018 | PROPOSED ELEVATION |
| 8   | 10/2018 | EXISTING ELEVATION |
| 9   | 10/2018 | PROPOSED ELEVATION |
| 10  | 10/2018 | EXISTING ELEVATION |



EXISTING ELEVATION  
 1/100



PROPOSED TEMPORARY ELEVATION  
 1/100

| MATERIAL LEGEND              |
|------------------------------|
| 1. EXISTING CONCRETE GLAZING |
| 2. PROPOSED CONCRETE GLAZING |
| 3. EXISTING CONCRETE GLAZING |
| 4. PROPOSED CONCRETE GLAZING |
| 5. EXISTING CONCRETE GLAZING |
| 6. PROPOSED CONCRETE GLAZING |
| 7. EXISTING CONCRETE GLAZING |
| 8. PROPOSED CONCRETE GLAZING |

Diamond and Schmidt Architects  
 10/2018

HOLY BLOSSOM TEMPLE HENRIAL

EXISTING AND PROPOSED TEMPORARY ELEVATION

Project No: 102  
 Date: 10/2018