



**APPLICATION FOR HEARING
TO THE BUILDING CODE COMMISSION
For Resolution of Time Period Disputes for Permit Processing**
(Subsection s. 8-(2.2) or (2.3) of the *Building Code Act, 1992* and
Division C, Article 1.3.1.3 of the Building Code)

DATE: _____

For Commission Use Only	
Application #	
Date Received	
Decision Date	

Please complete this application and return it (i.e., an **original signed copy**) along with **two copies** to the Secretary of the Building Code Commission, together with **three copies** of the following documents:

- (a) all supporting documentation referred to in this application; and,
- (b) any correspondence you have received from the municipal building department, conservation authority, health unit or the Ministry of Municipal Affairs and Housing concerning the subject matter of this application.

NOTE: In accordance with the policies and procedures of the Building Code Commission, you are required to provide the Respondent with a copy of:

- (1) this application and all attachments; and,
- (2) all future communications to the Building Code Commission in respect of this matter.

PLEASE PRINT

1. **APPLICANT INFORMATION** The Applicant must be an applicant for a building permit under the *Building Code Act, 1992*.

Name:	Position:
Company Name:	Address:
Telephone No.:())	E-Mail:
Facsimile No.: ())	WebSite:

2. AGENT INFORMATION

(If the Applicant is to be represented by another individual, please provide the following information.)

Name:	Position:
Company Name:	Address:
Telephone No.:()	E-Mail:
Facsimile No.: ()	WebSite:

NOTE: The Applicant must provide written authorization confirming the Agent's authority to act in this matter.

3. RESPONDENT INFORMATION

(Identify the Chief Building Official or Designated Sewage System Inspector (*BCA s. 3.1(3)*) of the municipality, health unit or conservation authority in which the construction or proposed construction is located.)

Name:	Position:
Organization/Agency:	Address:
Telephone No.:()	E-Mail:
Facsimile No.: ()	WebSite:

4. DESIGNATE INFORMATION

(Indicate the individual at the municipality, conservation authority, or health unit, other than the Chief Building Official or Designated Sewage System Inspector that you may have dealt with regarding this issue.)

Name:	Position:
Organization/Agency:	Address:
Telephone No.:()	E-Mail:
Facsimile No.: ()	WebSite:

5. PARTICULARS OF DISPUTE

5.1 Date of Permit Application: _____
(Please attach a signed copy of the permit application form)

5.2 Basis for Dispute:

- Respondent did not issue or refuse the permit within the prescribed time period set out in the Building Code
- Respondent has issued a permit but did not meet the prescribed time period set out in the Building Code
- Respondent refused the permit but did not provide all written reasons for refusal

PLEASE ATTACH ANY CORRESPONDENCE YOU HAVE RECEIVED FROM THE MUNICIPAL BUILDING DEPARTMENT, REGISTERED CODE AGENCY, CONSERVATION AUTHORITY, HEALTH UNIT OR THE MINISTRY OF MUNICIPAL AFFAIRS AND HOUSING CONCERNING THIS PERMIT APPLICATION.

5.3 Concise statement by the Applicant regarding the nature of this dispute

5.4 List all documents provided to the respondent in support of the permit application
(NOTE: Please attach any documents that are relevant to this dispute)

6. DETAILS OF CONSTRUCTION

6.1 Address of building/structure or sewage system

6.2 Type of permit applied for: _____ building, or _____ sewage system

6.3 Description of construction of the subject building:

Major occupancy _____

Building area _____

Building height (# of storeys) _____

Number of units/suites _____

6.4 Description of construction of the subject sewage system (if applicable):

Class of system/system description _____

Water supply (e.g. municipal supply or private well) _____

	Yes	No		Yes	No
New construction	<input type="checkbox"/>	<input type="checkbox"/>	Alteration	<input type="checkbox"/>	<input type="checkbox"/>
Enlargement	<input type="checkbox"/>	<input type="checkbox"/>	Repair	<input type="checkbox"/>	<input type="checkbox"/>

Total daily design flow rate _____
(expressed as "Q" in litres/day)

7. AFFIRMATION AND SIGNATURE OF APPLICANT OR AGENT

The undersigned affirms that the information provided in this application is accurate and that a copy of this application and all accompanying documentation will be provided to the Respondent.

DATED the _____ day of _____, 2009

Signature of Applicant or Agent

Name and Position of Applicant or Agent (Please Print or Type)

NOTE:

1. After receipt of this application, the Building Code Commission will inform you about further arrangements in the form of a notice of hearing.
2. The hearing may be held in French upon request.
3. The hearing may be held by telephone or video conference, if facilities are available.
4. The Building Code Commission has been designated as an institution for the purposes of the *Freedom of Information and Protection of Privacy Act*.

Personal information provided on this form is collected under the authority of the *Building Code Act, 1992* and will be used for the purpose of a hearing before the Building Code Commission. Please direct any questions about the collection of information to the Secretary of the Building Code Commission by phone at (416) 585-6645 or by mail to the following address: Secretary, Building Code Commission, 2nd Floor, 777 Bay Street, Toronto, Ontario, M5G 2E5.

RETURN this application to the Building Code Commission at the following address:

Nella Auciello, Secretary
Building Code Commission
Ministry of Municipal Affairs and Housing
Building & Development Branch
777 Bay Street, 2nd Floor
Toronto, Ontario M5G 2E5

Tel: (416) 585-6645
Fax: (416) 585-7531
Email: nella.auciello2.@ontario.ca

Reminder: A copy of this application and all accompanying documentation must be provided to the Respondent.