

Renovation Permit Application



MID-WEST
PLANNING
DISTRICT

1-888-919-1740
midwestplanning.ca

Additions to an existing building require a separate Building Permit application package.

Property Information

Oakview Hamiota Prairie View Ellice-Archie **Roll Number:** _____
Civic Address: Number _____ Street/Road _____ Town _____
Urban: Lot _____ Block _____ Plan _____ **Rural:** NW SW NE SE Section _____ Township _____ Range _____ W

Current Building Information

Current Category: Residential Commercial Industrial Agricultural

Year Built: _____ **Built to a Standard:** CSA Z240 (mobile) CSA A277 (modular) Not Applicable

Building Footprint Area: _____ sq. ft. **Building Height:** _____ ft or _____ # of storeys

Attic space: No Yes **Area:** _____ sq. ft. **Height:** _____ ft. in. **Access Location:** _____

Basement space: No Yes **Area:** _____ sq. ft. **Height:** _____ ft. in. **# of Access:** _____

Crawlspace: No Yes **Area:** _____ sq. ft. **Height:** _____ ft. in. **Access Location:** _____

Foundation construction: _____

Siding material: _____ **Roof material:** _____

Exterior Wall Construction: **Framing:** 2x6 2x4 Other: _____ **Spacing:** 16" o/c 24" o/c

Sheathing: _____ **Interior finish:** _____

Insulation: _____

Other wall details: _____

Heating system(s):

Type: Baseboard Stove/Fireplace Hydronic Forced Air

Fuel: Electricity Pellet/Wood Natural Gas Propane Geothermal

HRV installed: Yes No

Kitchen ventilation: _____ **Bathroom ventilation:** _____

Renovation Information

***Project Value: \$** _____ Project Value means the total monetary value of the completed cost including all construction, material, & labour costs.

***Approximate Area of space being renovated:** _____ sq. ft. ***Proposed Start:** Day _____ Month _____ Year _____

Fill out the complete form. Use the Not Applicable checkbox for sections not being altered.

Change in use of for all or part of the building: (Occupancy Permit application required) Not applicable

New Category: Residential Commercial Industrial Agricultural

Description of New Use: _____

Demolition or dismantling: Not applicable

Has the building been tested for Asbestos: Yes No **Could the Building Have Asbestos:** Yes No

Location(s): _____

Description of work to be done: _____

Re-Roofing: Not applicable

New roofing material: _____

Installation of Soffit and Fascia

Not applicable

Attic ventilation vents being installed: Yes No Describe: _____

Exterior Cladding Replacement

Not applicable

Siding Size: _____ Type/Description: _____

Exterior Insulation being added: Yes No Thickness: _____ Type: 1 2 3 4 Description: _____

Air Barrier Installation: _____ Manufacturer/Type: _____

Exterior means of egress to be altered (location and description)

Not applicable

Landing(s): _____

Stairs(s): _____

Ramp(s): _____

Life Safety Systems to be Installed or upgraded (location and description)

Not applicable

Interconnected Smoke Alarm(s): _____

Carbon Monoxide Detector(s): _____

Portable Fire Extinguisher(s): _____

Emergency Lighting: _____

Exit Lighting: _____

Fire Alarm System: _____

Sprinkler System: _____

Fire Suppression System: _____

Building Ventilation Systems to be Installed or Changed

Not applicable

Heat Recovery Ventilator (HRV) to be installed: Yes No

Device or venting being installed (other than an HRV): _____

Heating Systems to be Installed or changed to

Not applicable

Type: Baseboard Stove/Fireplace Hydronic Forced Air - **Changing or adding ductwork:** Yes No

Fuel: Electricity Pellet/Wood Natural Gas Propane Geothermal

Solid Fuel Burning Appliance Installation

Not applicable

Appliance to be installed: _____ Proposed Chimney type: _____

Location: _____

Clearances: To combustible materials above: _____ To combustible materials below: _____ Front: _____ Back: _____ Side: _____ Side: _____

Plumbing Systems to be Installed (Plumbing Permit application required)

Not applicable

Details of plumbing system to be added or altered: _____

Foundation Alteration

Not applicable

Description of foundation repairs: _____

Description of foundation drainage improvement: _____

Location & description of sump pump installation: _____

Changing or Adding Insulation (Type, Thickness, R-value) (fill out a Spray Foam Insulation info form if using)

Not applicable

Attic: _____

Basement Walls: _____

Crawl Space walls: _____

Floors: _____

Rim Joist: _____

Other: _____

Floor Plan: Please draw a before and after floor plan for each of the building's floors being renovated. *Label each room's use. Mark load bearing walls, doors, and windows.* Add additional drawings or paper if there is not enough space provided. If plans are provided with before and after floor plans, write see attached plans in the boxes below.

Current

Post Renovation

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Kitchen Renovation

Not applicable

Description of Work: _____

of New Drains: _____ (Plumbing Permit application required) **New Ventilation:** _____

Installing Commercial Kitchen Deep Fryer/Charbroiler/Grill: _____

Bathroom Renovation

Not applicable

Description of Work: _____

of New Drains: _____ (Plumbing Permit application required) **New Ventilation:** _____

Installation of Windows (add a Window Schedule if there are multiple windows with different answers)

Not applicable

Is the structural frame being altered: Yes No **U-Factor:** _____ **Energy Rating:** _____

Location: _____ **If bedroom, Operator Type:** _____ **Size:** _____ in. x _____ in. (Min 542 sq in. & 15" min dim)

Installation of Doors (add a Door Schedule if there are multiple doors with different answers – only for doors within structural or fire separation walls)

Not applicable

Location: _____ **Is the structural frame being altered:** Yes No **Style of Door:** _____

Interior: Fire Door: Yes - **Fire Resistance Rating:** ___ min/hrs **Self-closing:** Yes No **Electromagnetic hold open:** Yes No
 No

Exterior Door: U-Factor: _____ **Energy Rating:** _____ **Swing:** Out - **Self-closing & Panic Hardware Installed:** Yes No
 In – **Door Viewer/Transparent Glazing:** Yes No

Other proposed renovations or alterations not included above or additional information: _____

Contact Information

*Applicant Name _____ Company Name _____
*Mailing Address _____ Town/City _____ Postal Code _____
*Phone Number _____ *Email Address _____

*Registered Landowner(s) _____ Same as applicant
Contact Name (if Company Owned) _____
*Mailing Address _____ Town/City _____ Postal Code _____
*Phone Number _____ *Email Address _____

*Builder Company _____ Contact Name _____ Same as applicant
Mailing Address _____ Town/City _____ Postal Code _____
*Phone Number _____ *Email Address _____

Additional Information Provided with this application:

Note: A survey may be required for new construction. Some projects require the stamp/seal of a professional engineer within one year of the completed application date. Other requirements may be applicable.

Company ownership Land title Survey/BLC Other: _____

Declaration

I acknowledge that:

- 1) All statements and representations contained in this application for permit and the plans and specifications are correct, accurate, and adhere to any applicable legislation, by-laws, codes, and standards.
- 2) The issuance of a permit by the Mid-West Planning District does not waive, amend, or change any applicable by-laws or requirements contained in any other applicable legislation.
- 3) Any unauthorized changes from the plans and specifications or building location as specified in this application **shall** void the permit.
- 4) The Owner and Applicant are responsible for obtaining any instruments registered on title and abiding by them.
- 5) I waive the rights of action against the Mid-West Planning District arising from this application and any permit issued. A permit shall expire if work authorized is not commenced within 6 months or authorized work is suspended for 6 months.
- 6) For administrative purposes, where information is missing or required to be included, authorization is granted to add information where required to complete this application.
- 7) The personal information I am providing is being collected under the authority of The Planning Act and will be used for the purpose of approving this application. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act.

Applicant:

(print name) _____ Signature _____ Date _____

Landowner:

(print name) _____ Signature _____ Date _____

Methods of application submission:

Online application: https://midwestplanning.ca/portal_login/

Email forms to: devofficer@midwestplanning.ca

Mail forms to: Mid-West Planning District, Box 96, Miniota, MB R0M 1M0

Drop off forms at: Mid-West Planning District, 111 Sarah Avenue, Basement, Miniota, MB

Fees will be determined after receiving a completed application and are payable by cash, cheque, or e-transfer to devofficer@midwestplanning.ca