



# APPLICATION FOR EARLY MODEL REVIEW

**For use by Principal Authority**

Model Review Application Number:

Date Received:

Application submitted to: Town of Halton Hills  
 (Name of municipality, upper-tier municipality, board of health or conservation authority)

**A. Model Information**

Model Name: \_\_\_\_\_ Project value est. \$ \_\_\_\_\_

**B. Model Details**

ITEM	Elevation:	Elevation:	Elevation:	Elevation:
First Floor (m2)				
Second Floor (m2)				
Third Floor (m2)				
Garage (m2)				
Porches (Provide the quantity & areas m <sup>2</sup> )				
Decks (Provide the quantity & areas m <sup>2</sup> )				
Balconies (Provide the quantity & areas m <sup>2</sup> )				
Below Grade Entrances (Provide the quantity & areas m <sup>2</sup> )				
Number of Storeys				
Number of Bedrooms				

Comments (regarding optional floor plans, additional elevations etc.):



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**C. Applicant** Applicant is:  Owner or  Authorized agent of owner

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	

**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.	Yes	No
ii. Is registration required under the Ontario New Home Warranties Plan Act?	Yes	No
iii. If yes to (ii) provide registration number(s): _____		

**G. Required Schedules**

i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

**H. Declaration of applicant**

\_\_\_\_\_ declare that:

(print name)

- The information contained in this application, attached schedules, attached plans and specifications, and other attached
- If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

\_\_\_\_\_

Date Signature of applicant

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.



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## 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	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax number		Cell number
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
House	HVAC – House	Building Structural	
Small Buildings	Building Services	Plumbing – House	
Large Buildings	Detection, Lighting and Power	Plumbing – All Buildings	
Complex Buildings	Fire Protection	On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
<p>_____ declare that (choose one as appropriate):</p> <p>(print name)</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>The information contained in this schedule is true to the best of my knowledge.</li> <li>I have submitted this application with the knowledge and consent of the firm.</li> </ol> <p>_____</p> <p>Date Signature of Designer</p>			

NOTE: For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) 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.

- Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practice, a limited license to practice, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.