



Supplementary Information Form for Non-Housing * (SIF-NH)

Pursuant to Section G of Application to Construct or Demolish
 *Non-Housing includes Industrial, Commercial, Institutional,
 Multiple Residential and Farm Buildings

For use by Principal Authority					
Application number:			Permit number (if different):		
Date received:			Roll number:		
1. Instructions for Completing this Form					
This Form is provided to ensure additional information is conveyed to the City to supplement the basic information required on the Standard Provincial Form "Application to Construct or Demolish". Complete all fields/questions and check boxes. If not applicable indicate N/A. Provide units of measurement where applicable – i.e. for lengths and distances with ft. or m., for area use ft ² /sq.ft. or m ² /sq.m. Failure to provide information requested may result in processing delays affecting issuance of Permit.					
2. Plan Information Required					
Two (2) sets of building plans, cross sections, details, plot/site plans drawn to scale shall accompany this Application. Distances of building to property lines must be labelled. Plot/site plans must show location and sizes (proposed and existing) of driveways, parking, water and sewer service laterals, septic systems, water cisterns, easements, encumbrances, and all other buildings and structures.					
3. General Description of Building					
Construction <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Repair <input type="checkbox"/> Partial <input type="checkbox"/> Other					
4. Specific Lot Information					
Lot Dimensions			Lot Area (size of the property)		
Building Area (footprint) coverage all buildings on site		New	Existing		Total
Does the property front on to a street?	<input type="checkbox"/> City Road	<input type="checkbox"/> Regional Road	<input type="checkbox"/> Provincial Highway		
Is a Road Occupancy Permit applied for?	<input type="checkbox"/> City of Welland	<input type="checkbox"/> Niagara Region	<input type="checkbox"/> Ministry of Transportation		
Number of existing buildings on lot including all main buildings, accessory buildings, sheds, detached garages, etc.					
5. Specific Information for Building being Constructed or Altered					
No. of Dwelling units	New	Existing		Total	
Building Area (footprint) coverage this building	New	Existing		Total	
Gross Floor Area all stories except basement	New	Existing		Total	
No. of Stories	New	Existing		Total	
Occupant Load (number of persons in building)	New	Existing		Total	
Floor Area to be renovated	New	Existing		Total	
Area of basement (finished)	New	Existing		Total	
Area of basement (unfinished)	New	Existing		Total	
Distances (setbacks) of building to lot lines.	Existing	North	South	West	East
	New	North	South	West	East
What will be the starting and completion date for all construction work?		Start		Completion	
Tenant(s) Name			Business Name		
Address				Telephone	
6. Specific Plumbing/Heating/Other Information for Building being Constructed or Altered					
Indicate number of new (N), removed (R) or altered (A) plumbing fixtures/appliances: (i.e. 3R = 3 removed)					
Water Closet/Toilet	Dishwasher	Laundry Tub		Hand Wash Sink	
Kitchen Sinks	Grease Interceptor	Water Meter		Urinals	
Shower	Sump Pump	Washing Machine		Sewage Ejector	
Floor/Hub Drain	Rain Water Leaders	Oil Interceptor		Catchbasin	
Hot Water Tank	Drinking Fountain	Slop Sinks		Other	
The type of heating system for this building? (i.e. forced air, floor-radiant, etc.)					
Identify any special mechanical or electrical system proposed.					
Where will sump pump water discharge?					
Where will downspout/roof rainwater discharge?					
7. Other Information (please check Yes or No)					
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	Has the Owner reviewed the Applicable Law Checklist and determined if any approvals are required?			
<input type="checkbox"/>	<input type="checkbox"/>	Municipal sewer available on street?			
<input type="checkbox"/>	<input type="checkbox"/>	Municipal water available on street?			
<input type="checkbox"/>	<input type="checkbox"/>	Are there any services available to the property line?		<input type="checkbox"/> Water	<input type="checkbox"/> Sewer
<input type="checkbox"/>	<input type="checkbox"/>	Are there any easements or encumbrances affecting the property?			
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware a Geotechnical/Soils Report is required for all Part 3 and/or Part 4 buildings?			
<input type="checkbox"/>	<input type="checkbox"/>	Is there a water meter required or provided for this building?			
<input type="checkbox"/>	<input type="checkbox"/>	Has an OBC/OAA data matrix sheet been provided or Building Code analysis shown on drawings?			

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the building/property designated or undergoing designation under The Ontario Heritage Act?
<input type="checkbox"/>	<input type="checkbox"/>	Is the previous use of the property known? If vacant, what was last known use on this site?
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware a Record of Site Condition may be required where property use has changed to Residential?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any Orders, Property Standards Notices or Permits affecting this property?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any damages to existing municipal property? If yes specify
<input type="checkbox"/>	<input type="checkbox"/>	Is the lot grading/surface drainage to be retained on site/property?
<input type="checkbox"/>	<input type="checkbox"/>	If no to above, are there adequate swales, ditches designed to transport surface drainage to acceptable location?
<input type="checkbox"/>	<input type="checkbox"/>	Is the property served or proposed to be served by a septic system?
<input type="checkbox"/>	<input type="checkbox"/>	Is the property subject to Application for: <input type="checkbox"/> Rezoning <input type="checkbox"/> Severance <input type="checkbox"/> Minor Variance
<input type="checkbox"/>	<input type="checkbox"/>	Are all the Conditions of the Subdivision/Site Plan/Development Agreements/Conditions provided and completed?
<input type="checkbox"/>	<input type="checkbox"/>	Is the site plan submitted for Permit exactly as approved/final Site Plan Control drawing?
<input type="checkbox"/>	<input type="checkbox"/>	Does the building have a fire alarm system? <input type="checkbox"/> New <input type="checkbox"/> Existing
		Who is Designer/Installer Company?
		Business Name Address Telephone
<input type="checkbox"/>	<input type="checkbox"/>	Does the building have a standpipe system? <input type="checkbox"/> New <input type="checkbox"/> Existing
		Who is Designer/Installer Company?
		Business Name Address Telephone
<input type="checkbox"/>	<input type="checkbox"/>	Does the building have a sprinkler system? <input type="checkbox"/> New <input type="checkbox"/> Existing
		Who is Designer/Installer Company?
		Business Name Address Telephone
<input type="checkbox"/>	<input type="checkbox"/>	Are there any special soil concerns affecting foundation design?
<input type="checkbox"/>	<input type="checkbox"/>	For existing buildings is the existing entrance to building barrier-free accessible?
<input type="checkbox"/>	<input type="checkbox"/>	Is a Site Plan Agreement affecting the property?
<input type="checkbox"/>	<input type="checkbox"/>	Is the building proposed to be used for an assembly, entertainment, care, recreational, food or beverage related, detention or hazardous use? Specify:
<input type="checkbox"/>	<input type="checkbox"/>	Are there any additional comments that the City should be aware of for this site/property/building?
8. Farm Buildings		
<input type="checkbox"/>	<input type="checkbox"/>	Is the building proposed for farming? Specify:
<input type="checkbox"/>	<input type="checkbox"/>	Is there livestock, machinery, storage, other, etc. Specify quantity:
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware an MDS calculation and approval may be required for a farm building/addition proposed near an existing dwelling unit on this, or another property?
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware the Nutrient Management Act may apply to this building?
<input type="checkbox"/>	<input type="checkbox"/>	What is the occupant load (number of persons) for this greenhouse/farm building?

NOTE: SUBMISSION OF FALSE INFORMATION MAY RESULT IN PERMIT BEING REVOKED