



## **FINISHED BASEMENTS**

**INCLUDED: LIST OF REQUIREMENTS  
SAMPLE DRAWINGS**



## **Permit to Construct a Finished Basement** Residential Buildings

### **Fees:**

- Building Permit Fee pursuant to Building Bylaw 92-2010, Schedule A, Part B, Item 8
- Estimated construction value (to be checked against the TACBOC valuation)

### **Application Forms:**

- Completed Application for a Permit to Construct or Demolish
- Schedule 1: Designer Information
- Acknowledgement by Applicant of Incomplete Application
- Letter of Authorization
- Where a **Septic System** exists and the proposed construction includes an increase in the number of bedrooms, exceeds 15% of the finished area or adds new plumbing fixtures to the dwelling approval from Durham Region Health Department is required.

### **Drawing Submission:**

- Two copies of fully dimensioned Construction Drawings, including:
  - North arrow, scale, legend of symbols, the project identity (name, address, unit #, etc.)
  - Age of the dwelling unit (more than 5 years old or less than 5 years old)
  - Cover page or title block indicating the size of the proposed finished area (m<sup>2</sup>)
  - Label and dimension all rooms
  - Complete dimensions of all windows and doors (horizontal and vertical)
  - Location of stairs
  - Location of all smoke alarms and carbon monoxide detectors
  - Mechanical ventilation in the bath area, if applicable

**This is a general list of requirements and is not intended to be comprehensive.**



# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

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

A. Project information			
Building number, street name		Unit number	Lot/con.
Municipality <b>Ajax</b>	Postal code	Plan number/other description	
Project value est. \$		Area of work (m <sup>2</sup> )	

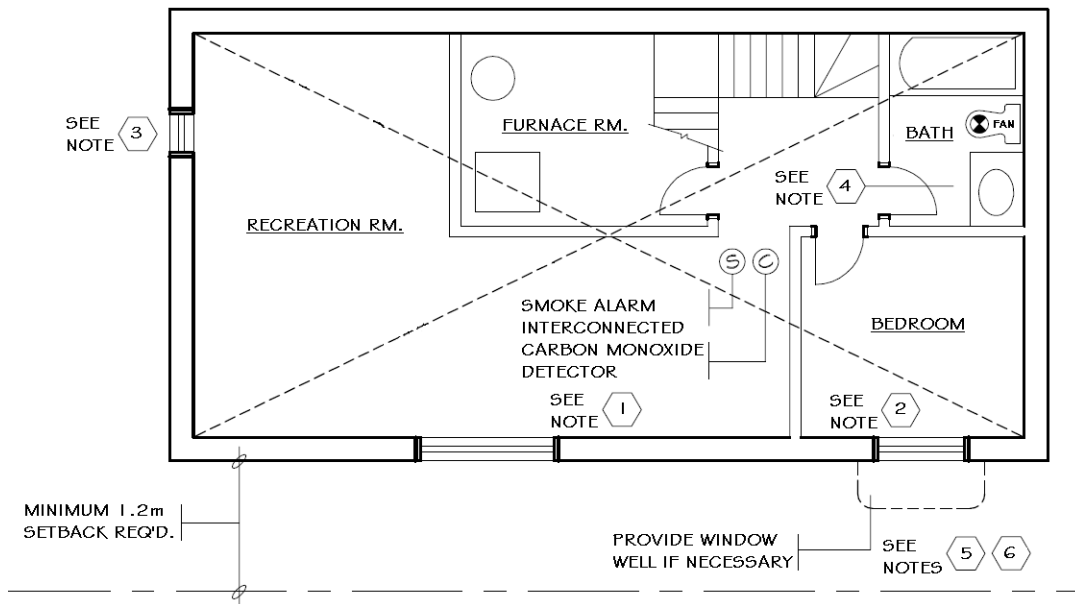
B. Purpose of application	
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit	
Proposed use of building	Current use of building
Description of proposed work	

C. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> 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 (    )	

<b>E. Builder (optional)</b>				
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 ( )
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide registration number(s): _____				
<b>G. Required Schedules</b>				
i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.				
ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.				
<b>H. Completeness and compliance with applicable law</b>				
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted). Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> .			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I. Declaration of applicant</b>				
I _____ declare that: (print name)				
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.				
2. 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.



**NOTES RELATING TO ABOVE PLAN**

**DWELLING UNIT MORE THAN FIVE YEARS**

1. SEE INSTALLATION INFORMATION FOR SMOKE ALARMS & CARBON MONOXIDE DETECTORS ON REVERSE PAGE.
2. MINIMUM GLAZING REQUIRED FOR NATURAL LIGHTING SHALL BE EQUIVALENT TO 2.5 % OF THE FLOOR AREA FOR BEDROOMS AND OTHER FINISHED AREAS.
3. MINIMUM 3 FT<sup>2</sup> CLEAR OPENING REQUIRED FOR NATURAL VENTILATION IN RECREATION ROOMS, BEDROOMS & OTHER FINISHED AREAS.
4. 1 FT<sup>2</sup> CLEAR OPENING FOR NATURAL VENTILATION REQUIRED FOR A BATHROOM. MECHANICAL VENT PROVIDING 1 AIR CHANGE PER HOUR IS ACCEPTABLE.
5. EXISTING BEDROOM WINDOW ACCEPTABLE WHERE THERE IS DIRECT ACCESS TO THE EXTERIOR (I.E. BELOW GRADE ENTRANCE OR BASEMENT WALKOUT). *IF NOT PROVIDED, SEE NOTE 5 FROM NEXT COLUMN FOR WINDOW REQUIREMENTS.*
6. IF WINDOW FROM NOTE 5 OPENS INTO A WINDOW WELL, A CLEARANCE OF NOT LESS THAN 21-5/8" SHALL BE PROVIDED IN FRONT OF THE OPERATING SASH. SEE EXAMPLE ON REVERSE PAGE.

**DWELLING UNIT LESS THAN FIVE YEARS**

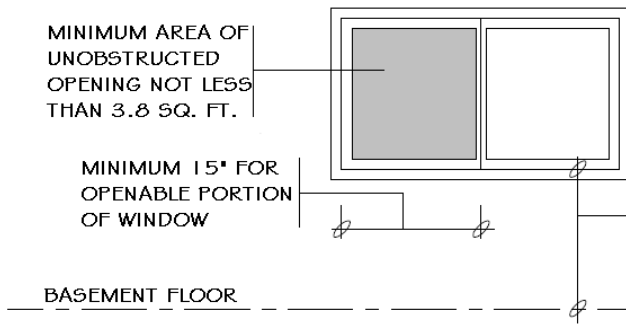
1. SEE INSTALLATION INFORMATION FOR SMOKE ALARMS & CARBON MONOXIDE DETECTORS ON REVERSE PAGE.
2. MINIMUM GLAZING REQUIRED FOR NATURAL LIGHTING SHALL BE EQUIVALENT TO 5 % OF THE FLOOR AREA FOR BEDROOMS AND OTHER FINISHED AREAS.
3. MINIMUM 3 FT<sup>2</sup> CLEAR OPENING REQUIRED FOR NATURAL VENTILATION IN RECREATION ROOMS, BEDROOMS & OTHER FINISHED AREAS.
4. 1 FT<sup>2</sup> CLEAR OPENING FOR NATURAL VENTILATION REQUIRED FOR A BATHROOM. MECHANICAL VENT PROVIDING 1 AIR CHANGE PER HOUR IS ACCEPTABLE.
5. WHERE A DOOR TO THE EXTERIOR IS NOT PROVIDED (I.E. BELOW GRADE ENTRANCE OR BASEMENT WALKOUT), A WINDOW, THAT IS OPENABLE FROM THE INSIDE WITHOUT THE USE OF TOOLS, PROVIDES AN INDIVIDUAL, UNOBSTRUCTED OPEN PORTION HAVING A MINIMUM AREA OF 3.8 FT<sup>2</sup> WITH NO DIMENSION LESS THAN 15" IS REQUIRED. IT IS RECOMMENDED THAT SILLS INTENDED FOR USE AS EMERGENCY EXITS FROM BASEMENT BEDROOMS BE NOT HIGHER THAN 4'-1 1/2" ABOVE THE FLOOR AND THAT ACCESS BE IMPROVED BY SOME MEANS SUCH AS BUILT-IN FURNITURE INSTALLED BELOW THE WINDOW. SEE EXAMPLE ON REVERSE PAGE.
6. IF THE WINDOW IN NOTE 5 OPENS INTO A WINDOW WELL, A CLEARANCE OF NOT LESS THAN 21-5/8" SHALL BE PROVIDED IN FRONT OF THE OPERATING SASH. SEE EXAMPLE ON REVERSE PAGE.

**MINIMUM DOOR SIZES**

AT ENTRANCE TO:	MINIMUM WIDTH	MINIMUM HEIGHT
STAIRS TO A FLOOR LEVEL THAN CONTAIN A FINISHED SPACE, UTILITY ROOMS & ALL DOORS IN AT LEAST ONE LINE OF PASSAGE FROM THE EXTERIOR TO THE BASEMENT	32"	78"
BATHROOM, WATER CLOSET ROOM, SHOWER ROOM	24"	78"
BEDROOMS & OTHER FINISHED AREAS	30"	78"



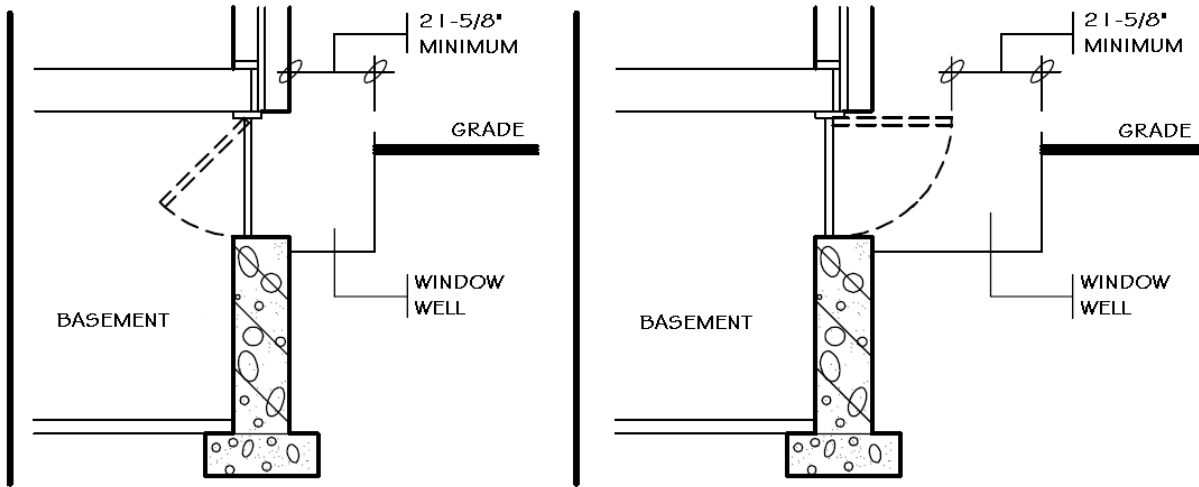
**EGRESS WINDOW SERVING FINISHED BASEMENT WITH A BEDROOM**



RECOMMENDED MAXIMUM SILL HEIGHT OF NOT MORE THAN 4'-1 1/8" ABOVE THE FLOOR & IMPROVED ACCESS BE PROVIDED BY MEANS SUCH AS BUILT-IN FURNITURE INSTALLED BELOW THE WINDOW.

EXCEPTION: ANY DOOR LEADING DIRECTLY TO THE EXTERIOR CAN SERVE AS A MEANS OF EGRESS IF IT IS ON THE SAME FLOOR AS THE BEDROOM

**EGRESS WINDOW OPENING INTO A WINDOW WELL**



SMOKE ALARMS AND CARBON MONOXIDE DETECTORS		
ALL DWELLINGS	DWELLING UNIT MORE THAN FIVE YEARS	DWELLING UNIT LESS THAN FIVE YEARS
<p><b>SMOKE ALARMS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> REQUIRED IN FINISHED BASEMENTS</li> <li><input type="checkbox"/> CONFORM TO CAN/ULC-S531</li> <li><input type="checkbox"/> BEDROOMS SHALL BE PROTECTED BY A SMOKE ALARM EITHER INSIDE THE BEDROOM OR, IF OUTSIDE, WITHIN 16'-5" OF THE BEDROOM DOOR – MEASURED FOLLOWING CORRIDORS &amp; DOORWAYS &amp; SHALL BE AUDIBLE WITHIN THE BEDROOM WHEN INTERVENING DOORS ARE CLOSED</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> SMOKE ALARMS CONNECTED TO AN ELECTRICAL CIRCUIT SHALL BE MAINTAINED; WHERE HARDWIRED SMOKE ALARMS ARE NOT PRESENT BATTERY OPERATED SMOKE ALARMS ARE PERMITTED.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> SHALL BE INSTALLED BY PERMANENT CONNECTIONS TO AN ELECTRICAL CIRCUIT &amp; HAVE NO DISCONNECT SWITCH BETWEEN THE OVERCURRENT CIRCUIT DEVICE &amp; THE SMOKE ALARM</li> <li><input type="checkbox"/> SHALL BE INTERCONNECTED SO THAT ACTIVATION OF ONE SMOKE ALARM WILL CAUSE ALL SMOKE ALARMS TO SOUND</li> </ul>
<p><b>CARBON MONOXIDE DETECTORS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> REQUIRED WHERE BEDROOM IS PRESENT &amp; SHALL BE INSTALLED ADJACENT TO EACH SLEEPING AREA</li> <li><input type="checkbox"/> CONFORM TO CAN/CSA-G.19 OR UL 2034</li> <li><input type="checkbox"/> SHALL BE AUDIBLE WITHIN THE BEDROOM WHEN INTERVENING DOORS ARE CLOSED</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> MAY BE BATTERY OPERATED OR PLUGGED INTO AN ELECTRICAL OUTLET</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> SHALL BE INSTALLED BY PERMANENT CONNECTIONS TO AN ELECTRICAL CIRCUIT &amp; HAVE NO DISCONNECT SWITCH BETWEEN THE OVERCURRENT CIRCUIT DEVICE &amp; THE CARBON MONOXIDE DETECTOR</li> <li><input type="checkbox"/> BE WIRED SO THAT ITS ACTIVATION WILL ACTIVATE ALL CARBON MONOXIDE DETECTORS</li> </ul>