

Tents

A building permit is required for a tent or group of tents with an area greater than 60 square metres (646 square feet).

A permit is not required if the tent or group of tents are:

- 60 square metres (646 square feet) or less in building area,
- Detached from all buildings, and
- Constructed more than 3 metres from other structures

Permit application submission requirements:

In many instances, before a building permit application can be processed and a permit issued, there are other approvals from other agencies that are required. These approvals are not administered by the Building Division and are required as part of a complete application package. Please consult the applicable law checklist prior to applying for a building permit.

This checklist provides a summary of the Building Permit submission requirements for a tent or group of tents and has been developed for convenience purposes only. The property owner is responsible for ensuring compliance with all County of Brant By-laws, other applicable laws, and the Ontario Building Code.

- Permit applications to be filled out and signed
- Authorization form (if applicable)
- Designer information 'Schedule 1' to be filled out
- Commitment to General Review form completed by the owner and professional engineer (if applicable)
 - Tents with an area greater than 225 square metres (2,421 square feet) are required to be reviewed by a professional engineer
- Intent to Use Temporary Tent form to be filled out
- Site plan, including:
 - The address or roll number (beginning with 2920) of the property
 - All property lines and surrounding streets labelled
 - Location of proposed tent and all existing buildings and structures on the property
 - Proposed distance from all legal property lines (not street lines, sidewalks, etc.) and existing buildings and structures
 - Location of septic system (if applicable) and distance to proposed tent(s)
 - Fire extinguisher locations
 - Location of the temporary washroom facilities

- Interior Floor Plan, including:
 - Seating arrangement
 - Aisle width
 - Use of all floor areas (dance floor, bar, etc.)
 - Location and size of exits
 - Location of side walls (if applicable)

- Plans, drawings, and specifications which provide the following information:
 - Support frame structure and anchorage system details
 - Flame Resistance Certificate

If the temporary tent structure is used for the sale of goods or merchandise or similar, a special events application may be required through Economic Development and Tourism. For more information, visit the [Special Events Webpage](#).

Next steps:

- Submit the complete permit application and supporting documents through the [County of Brant website](#)
- The application is reviewed for completeness, compliance with the zoning by-law, applicable laws, and lot grading approval. Comments are provided during review to identify any outstanding requirements and to summarize all applicable fees.
- When all fees are paid, the plans are reviewed for compliance with the Ontario Building Code. The permit is issued when review is complete, and fees are paid.
- Once construction begins, inspections must be scheduled. Building inspectors review major phases of construction until occupancy and/or final is complete.

Need help?

If you have any questions, please feel free to contact us at any time, and we will assist you through the process! Call 519.44BRANT or email us at building@brant.ca

Intent to Use Temporary Tent Form

| Event Information | | | |
|----------------------------|--|-------------------------------|--|
| Name and purpose of event: | | | |
| Location: | | | |
| Total number attending: | | Date tent will be erected: | |
| Date of the event: | | Date tent will be dismantled: | |

| Tent Rental Company Information | |
|---------------------------------|--|
| Company name: | |
| Address: | |
| Phone number: | |
| Contact name: | |

| Tent Information | | | |
|------------------------|--|---|---|
| Number of tents: | | Size of tent(s) (m ² or ft ²): | |
| Maximum occupant load: | | Is the tent completely enclosed with walls? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Fire Safety Information | | | |
|----------------------------|--|---------------------------------------|--|
| Number of exits from tent: | | Number of fire extinguishers in tent: | |

| Sanitary Facilities Information | | | |
|---|--|---|--|
| Will temporary sanitary facilities be provided? | <input type="checkbox"/> Yes (if yes, complete the below) <input type="checkbox"/> No | | |
| Company providing facilities: | | | |
| Number of portable toilets to be rented: | | Total number of washrooms to be provided (including rented and existing): | |

Signature of applicant, consultant, or owner acknowledging the above:

Date:

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

| For use by Principal Authority | | | | |
|---|----------------------------------|--------------------------------|-------------|---------------------------|
| Application number: | | Permit number (if different): | | |
| Date received: | | Roll number: | | |
| Application submitted to: _____ (Name of municipality, upper-tier municipality, board of health or conservation authority) | | | | |
| A. Project information | | | | |
| Building number, street name | | | Unit number | Lot/con. |
| Municipality | Postal code | Plan number/other description | | |
| Project value est. \$ | | Area of work (m ²) | | |
| B. Purpose of application | | | | |
| New construction | Addition to an existing building | Alteration/repair | Demolition | Conditional Permit |
| Proposed use of building | | Current use of building | | |
| Description of proposed work | | | | |
| 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 (if known) | | | | |
|---|--|------------------------|--|-------------|
| 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. New home construction licensing requirement | | | | |
| i. Is the proposed construction for a new home as defined in the <i>New Home Construction Licensing Act, 2017</i> ? If no, go to section G. | | | Yes | No |
| ii. Is a licence required under the <i>New Home Construction Licensing Act, 2017</i> ? | | | Yes | No |
| iii. If yes to (ii) provide licence number(s): _____ | | | | |
| G. Required Schedules | | | | |
| 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. | | | | |
| H. Completeness and compliance with applicable law | | | | |
| 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. | | | Yes | 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> . | | | Yes | 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. | | | Yes | No |
| iv) The proposed building, construction or demolition will not contravene any applicable law. | | | Yes | No |
| I. Declaration of applicant | | | | |
| 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., 12th Floor. Toronto, ON M7A 2J3 (416) 585-6666.



Permit Applicant Authorization

This form must be completed for all building permit applications where the applicant is the Owner's Agent

| A. Project Information | | | |
|--|-------------|----------------------------|----------|
| Property Address | | Unit number | Lot/con. |
| Municipality County of Brant | Postal Code | | |
| B. Property Owner(s) | | | |
| Last name | First name | Corporation or partnership | |
| Street address | | Unit number | |
| Municipality | Postal code | Province | E-mail |
| Telephone number | | Cell number | |
| C. Party to be Authorized | | | |
| Last name | First name | Corporation or partnership | |
| Street address | | Unit number | |
| Municipality | Postal code | Province | E-mail |
| Telephone number | | Cell number | |
| D. Declaration of Property Owner(s) | | | |
| <p>I _____, hereby Name of Property Owner(s) (please print)</p> <p>authorize and appoint the party stated in Section C of this form as my agent for the purposes of the submitted permit application. I understand that all communications and correspondence regarding this application shall be directed to the applicant.</p> <p>_____ Date _____ Signature of Property Owner(s)</p> | | | |

Note:

1. The Ontario Building Code states that "owner includes, in respect of the property on which the construction or demolition will take place, the registered owner, a lessee or mortgagee in possession".

Personal information contained in this form 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*.

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>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(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"> 1. The information contained in this schedule is true to the best of my knowledge. 2. I have submitted this application with the knowledge and consent of the firm. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Designer </p> | | | |

NOTE:

1. 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.
2. 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 practise, a limited license to practise, or a certificate of authorization, issued by the Professional Engineers Ontario.

COMMITMENT TO GENERAL REVIEWS BY ARCHITECT AND ENGINEERS

THIS FORM TO BE COMPLETED BY THE OWNER OR OWNER'S AUTHORIZED AGENT, AND SIGNED BY ALL CONSULTANTS RETAINED FOR GENERAL REVIEWS

Part A - Owner's Undertaking

Permit Application No.

Project Description:

Address of Project:

Municipality:

WHEREAS the Ontario Building Code requires that the project described above be designed and reviewed during construction by an architect, professional engineer or both that are licensed to practice in Ontario;

NOW THEREFORE the Owner, being the person who intends to construct or have the building constructed hereby warrants that:

1. The undersigned architect and/or professional engineers have been retained to provide general reviews of the construction of the building to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the Ontario Association of Architects (OAA) and/or Professional Engineers Ontario (PEO);
2. All general review reports by the architect and/or professional engineers will be forwarded promptly to the Chief Building Official, and
3. Should any retained architect or professional engineer cease to provide general reviews for any reason during construction, the Chief Building Official will be notified in writing immediately, and another architect or engineer will be appointed so that general review continues without interruption during construction.

The undersigned hereby certifies that he/she has read and agrees to the above

Name of Owner:

Date:

Address of Owner:

Telephone:

Signature of Owner:

Print Name:

Fax:

(or officer of corporation)

Coordinator of the work of all consultants:

Telephone:

Address:

Fax:

Part B - Consultants

The undersigned architect and/or professional engineer(s) hereby certify that they have been retained to provide general reviews of the parts of construction of the building indicated, to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the OAA and/or PEO.

SHADED PORTION TO BE COMPLETED BY CONSULTANTS

| | | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|---|--|
| <input type="checkbox"/> ARCHITECTURAL | <input type="checkbox"/> STRUCTURAL | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> SITE SERVICES | <input type="checkbox"/> OTHER (SPECIFY): | |
| Consultant Name: | Signature: | | Print Name: | | Date: | |
| Telephone: | Fax: | Address: | | | | |

| | | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|---|--|
| <input type="checkbox"/> ARCHITECTURAL | <input type="checkbox"/> STRUCTURAL | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> SITE SERVICES | <input type="checkbox"/> OTHER (SPECIFY): | |
| Consultant Name: | Signature: | | Print Name: | | Date: | |
| Telephone: | Fax: | Address: | | | | |

| | | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|---|--|
| <input type="checkbox"/> ARCHITECTURAL | <input type="checkbox"/> STRUCTURAL | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> SITE SERVICES | <input type="checkbox"/> OTHER (SPECIFY): | |
| Consultant Name: | Signature: | | Print Name: | | Date: | |
| Telephone: | Fax: | Address: | | | | |

| | | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|---|--|
| <input type="checkbox"/> ARCHITECTURAL | <input type="checkbox"/> STRUCTURAL | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> SITE SERVICES | <input type="checkbox"/> OTHER (SPECIFY): | |
| Consultant Name: | Signature: | | Print Name: | | Date: | |
| Telephone: | Fax: | Address: | | | | |