



# Supplementary Information Form for Housing \* (SIF-H)

Pursuant to Section G of Application to Construct or Demolish

\* Housing includes Single and Semi-Detached Dwelling Units, Townhouses

For use by Principal Authority					
Application number:			Permit number (if different):		
Date received:			Roll number:		
<b>1. Instructions for Completing this Form</b>					
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 <sup>2</sup> /sq.ft. or m <sup>2</sup> /sq.m. Failure to provide information requested may result in processing delays affecting issuance of Permit.					
<b>2. Plan Information Required</b>					
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.					
<b>3. General Description of Building</b>					
Construction	<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration/Repair	<input type="checkbox"/> Other	
Type of Building	<input type="checkbox"/> Main Building	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Shed	<input type="checkbox"/> Deck	<input type="checkbox"/> Other
<b>4. Specific Lot Information</b>					
Lot Dimensions			Lot Area (size of the property)		
Building Area (footprint) coverage all buildings on site		<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> 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.					
<b>5. Specific Information for Building being Constructed or Altered</b>					
No. of Dwelling units	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Total		
Building Area (footprint) coverage this building	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Total		
Gross Floor Area all stories except basement	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Total		
No. of Stories	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Total		
Occupant Load (number of persons in building)	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Total		
Floor Area to be renovated	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Total		
Area of basement (finished)	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Total		
Area of basement (unfinished)	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Total		
Distances (setbacks) of building to lot lines.	<input type="checkbox"/> Existing	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> West	<input type="checkbox"/> East
	<input type="checkbox"/> New	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> West	<input type="checkbox"/> East
What will be the starting and completion date for all construction work?	<input type="checkbox"/> Start		<input type="checkbox"/> Completion		
Tenant(s) Name					
Address				Telephone	
<b>6. Specific Plumbing/Heating/Other Information for Building being Constructed or Altered</b>					
Is the Master Plumber doing the plumbing work or the Homeowner who currently lives in the home?					
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	Bathtub	Bidet		
Shower	Sump Pump	Washing Machine	Sewage Ejector		
Floor/Hub Drain	Rain Water Leaders	Oil Interceptor	Catchbasin		
Hot Water Tank	Lawn Sprinkler System	Exterior Drain	Other		
The type of heating system for this building? (i.e. forced air, floor-radiant, etc.)					
Identify any special mechanical or electrical system proposed.					
If a sump pump is not proposed describe where the weeping tile water will be discharged.					
<b>7. Other Information (please check Yes or No)</b>					
<b>Yes</b>	<b>No</b>				
<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"/>	Is a new driveway entrance proposed or proposed to be altered or extended?			
<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 Builder/Plumber aware a water meter rough-in is required for all new dwelling units?			
<input type="checkbox"/>	<input type="checkbox"/>	Is the Builder/Plumber aware an approved Backwater Valve is mandatory for all new dwelling units?			
<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 there any special soil concerns affecting foundation design?			
<input type="checkbox"/>	<input type="checkbox"/>	Has an approved Lot Grading Plan been submitted?			
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware the approved truss drawings are required on site prior to installation and City inspection?			
<input type="checkbox"/>	<input type="checkbox"/>	Are there any additional comments that the City should be aware of for this site/property/building?			

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