



# Application for a Permit Supplemental Data Form

This form is authorized by the City of Niagara Falls Building By-law [2013-178]  
Updated: July 2023

## A. Project information

Street Address:

Unit No.

Lot/Con:

## B. Form of correspondence

Please select the form in which you wish for Building Services to correspond with you regarding the following components of the building permit process (please choose only one for each):

Plans Examination Reports (if any):  by mail,  pick up or  digitally – email address:

Issuance of the Building Permit:  by mail,  pick up or  digitally – email address:

Building Inspection reports (prepared digitally):  pick up or  digitally – email address:

## C. Planning information

Check all that apply to the subject property where construction is proposed:

easement(s) / encumbrance(s)  minor variance  severance  rezoning  designated historic / resource

Lot No.:

Plan No.:

Part Lot:

Concession No.:

Reference Plan:

Lot Area:

m<sup>2</sup> Lot Frontage:

m

Lot Depth:

m

Corner Lot:  Yes  No

Municipal Sidewalks:  Yes  No

Municipal Services:  sanitary  storm  water Onsite overhead hydro wires (NPEI Approval Required):  Yes  No

## D. Building Details – All Buildings

Please select the applicable Occupancy Type(s), check all that apply:

A – Assembly, Division:

B – Care / Detention, Division:

C - Residential

D – Business / Personal Service

E – Mercantile

F – Industrial, Division:

Detail	Existing	New	Total
Number of Suites / Units			
Building Area	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Gross Floor Area	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area to be renovated or altered	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area of Basement	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area of Basement to be finished	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area of Accessory Building	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area of attached / detached deck	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Area of deck that is covered by a roof	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Number of Stories Above Grade			
Occupant Load			
Lot Coverage	%	%	%
Number of Seats (Dining / Drinking Establishments)			

**City of Niagara Falls - Building Services**

4310 Queen Street, Niagara Falls, Ontario, L2E 6X5

Phone: 905 356 7521 Fax: 905 374 7500 Web: www.niagarafalls.ca

**E. Building Details – Part 3 Buildings**

Building length: \_\_\_\_\_ m Building width: \_\_\_\_\_ m Building Height: \_\_\_\_\_ m Storeys Below Grade: \_\_\_\_\_  
 Building classification: \_\_\_\_\_ OBC Reference: 3.2.2.  
 Type of proposed construction:  Non Combustible  Combustible  Both No. of Streets / Access Routes:  1  2  3  
 Fire Alarm Required:  Yes  No Standpipe Required:  Yes  No High Building Designation:  Yes  No  
 Sprinkler Required:  not required  entire building  in lieu of roof rating  other: \_\_\_\_\_  
 Water supply is adequate for Fire Fighting purposes:  yes, city service  yes, other: \_\_\_\_\_  no  
 Required Fire Resistance Rating (FRR) for Horizontal Assemblies: Floors: \_\_\_\_\_ hours Roofs: \_\_\_\_\_ hours  
 Required Fire Resistance Rating (FRR) for Supporting Members: Floors: \_\_\_\_\_ hours Roofs: \_\_\_\_\_ hours  
 Occupant load of building is: \_\_\_\_\_ persons based on  m<sup>2</sup> / person or  other: \_\_\_\_\_  
 Building is designed in accordance with Barrier Free Design:  yes  no, explain: \_\_\_\_\_

**For Use by City Staff (Principal Authority)**

Zoning / Amendments: \_\_\_\_\_ Accepted by: \_\_\_\_\_

Zoning comments: \_\_\_\_\_

Building comments: \_\_\_\_\_

Permit Issuance Authorized by the undersigned for the Chief Building Official

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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*. Questions about the collection of personal information may be addressed to the Chief Building Official of the City of Niagara Falls.