

☐ E – Mercantile

Application for a Permit Supplemental Data Form
This form is authorized by the City of Niagara Falls Building By-law [2013-178]
Updated: Sept. 2025

A. Project information				
Street Address:		Unit No.	Lot/Con:	
B. Form of correspondence				
All correspondence including, but not limited to, the Plans documents (including the permit placard), and Building Inaccessible exclusively to the applicant.				
C. Planning information  Check all that apply to the subject property where constru				
□ easement(s) / encumbrance(s) □ minor variance	severance	☐ rezoning	designated historic / resource	е
Lot No.: Plan No.:	Part Lot:	Conc	ession No.:	
Reference Plan:	Lot Area:	m <sup>2</sup> Lot Fronta	ge: m Lot Depth:	m
Corner Lot: ☐ Yes ☐ No	Municipal Sid	ewalks: 🔲 Yes [	□ No	
Municipal Services: ☐ sanitary ☐ storm ☐ water O	nsite overhead hyd	ro wires (NPEI Appı	roval Required): 🔲 Yes 🔲 No	
<ul> <li>D. Building Details – All Buildings</li> <li>Please select the applicable Occupancy Type(s), check a</li> <li>□ A – Assembly, Division:</li> <li>□ B – Care / Detention,</li> </ul>		☑ C - Residential	☐ D – Business / Personal Se	ervice

Detail	Existing	New	Total
Number of Suites / Units			
Building Area	m <sup>2</sup>	m <sup>2</sup>	m²
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>	m²
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)			

☐ F – Industrial, Division:

Storeys Below Grade:

OBC Reference: 3.2.2.

m

Type of proposed construction: $\square$ Non Combustible $\square$ Combustible $\square$ Both No. of Streets / Access Routes: $\square$ 1 $\square$ 2 $\square$ 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 $\square$ m² / person or $\square$ other:								
Building is designed in accordance with Barrier Free Design:  up yes up no, explain:								
For Use by City Staff (Principal Zoning / Amendments:	Authority) ccepted by:							
	ocepied by.							
Zoning comments:								
Building comments:								

**Building Height:** 

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.

Signature:

Date:

Permit Issuance Authorized by the undersigned for the Chief Building Official

**Building Details - Part 3 Buildings** 

m

Building width:

Building length:

Building classification: