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Questionnaire to determine applicability of the private dwelling exemption per O.Reg. 209/01 (Elevating Devices) ,s2(3)(a)(i)

Ontario Regulation 209/01 for Elevating Devices [section 2.(3)(a)(i)] under the Technical Standards and Safety Act 2000 does not apply to “elevating devices in or in connection with private dwelling houses used exclusively by occupants thereof and their guests”.

In cases where there are uncertainties regarding the applicability of this regulatory exemption, the responses to the following questions help our legal experts to determine as to whether an elevating device location constitutes a “private dwelling house”.

Operation of an unlicensed elevating device in premises that are not private dwelling houses constitutes contravention of the Act, with liability to a fine of up to \$100,000.

Definitions:

Ontario Building Code O.Reg. 332-12 and (350-06)

“**Dwelling Unit**” means a suite operated as a housekeeping unit, used or intended to be used (as a domicile) by one or more persons and usually containing cooking, eating, living, sleeping and sanitary facilities.

“**Domicile**” dictionary, 1 : a dwelling place : place of residence , 2 : a person's fixed, permanent, and principal home for legal purposes.

Device Info:

- | | | | |
|---|---|--|--|
| 1. Describe the lift type and its location? | <input type="checkbox"/> Vertical Platform Lift | <input type="checkbox"/> Stair Platform Lift | <input type="checkbox"/> Inside |
| | <input type="checkbox"/> Stair Chair Lift | <input type="checkbox"/> Elevator | <input type="checkbox"/> Outside |
| 2. How many levels are to be serviced by this device? | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3. Describe the levels that are being served. | <input type="checkbox"/> Exterior grade | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 st Floor |
| | <input type="checkbox"/> Porch | <input type="checkbox"/> Garage | <input type="checkbox"/> 2 nd Floor |
| | <input type="checkbox"/> other | | |

Building & Usage:

4. Describe the general function of the building where the device is to be located.

- | | | |
|---|---|--|
| 5. Which of the following best describes the buildings overall usage: | <input type="checkbox"/> Single family dwelling | <input type="checkbox"/> Group Home |
| | <input type="checkbox"/> Multi Tenant | <input type="checkbox"/> Assisted living |

6. Does the building have more than one dwelling unit?
(Do the residents have separate apartments?) Yes No
7. Could you use the lift device to gain access to more than one dwelling unit
For example: a) the upper-level landing leads to multiple dwellings,
b) the device serves multiple levels where dwellings units are located Yes No
8. How many people normally occupy the dwelling house/unit?
9. What is the maximum number of occupants?

Access to the Lift:

10. Can persons other than the occupant(s) of the house/unit and invited guests gain access to the area where the lift is installed without the owner's presence or consent? Yes No
11. Can the general public gain access to the device? Yes No
12. Describe how access to the device is controlled.
(behind locked doors, inside dwelling, in the backyard)
13. Will the device be key operated, or restricted by some other means? Yes No

14. Provide additional remarks to explain the intended use of the device, device surroundings, and assurances that the general public cannot inadvertently gain access and operate the device.

Contact Information:

OWNER or INQUIRER		DEVICE LOCATION	
Name		Contact	
Address		Installation #	
		Address	
Email		Email	
Phone		Phone	
Fax		Fax	

Notes:

1. This questionnaire must be accompanied by the prescribed affidavit for "A Private Dwelling Exemption of an Elevating Device".
2. Provide a photograph of the dwelling house exterior.
3. Provide additional photographs, drawings or sketches for clarity.

Forward to Technical Standards and Safety Authority:

Via email : eddesignsubmittal@tssa.org include subject line "private dwelling assessment"
Via post : TSSA 345 Carlingview Drive, Toronto, Ontario M9W 6N9

IN THE MATTER OF:

A PRIVATE DWELLING EXEMPTION
OF AN ELEVATING DEVICE

- and -

ONTARIO REGULATION 209/01 made under the
Technical Standards and Safety Act 2000
Elevating Devices

AFFIDAVIT

I, _____, of the City/Town of _____,
in the municipality of _____, make oath/affirm.

1. I, _____ am the owner/tenant of the house/dwelling unit located at _____.
2. The house/dwelling unit is used exclusively by me, _____, and the following occupants as a private residence and for no other purpose:

3. How many people will normally occupy the dwelling house/unit? _____
4. How often do the tenants change? Weekly Monthly Annually other
Explain: _____
5. Maximum number of occupants: _____
6. The dwelling house/unit has an elevating device installed in such a manner that no persons other than myself, the intended occupants or invited guests may access the elevating device.
7. I, _____ agree to undertake the responsibility to instruct all guests and other occupants of the dwelling house/unit on the hazards of the elevating device and in the proper and safe use of the elevating device.
8. I assume any and all liability for any claims or actions that may arise from the use of the elevating device.
9. I make this affidavit in support of a private dwelling exemption under ONTARIO REGULATION 209/01 made under the *Technical Standards and Safety Act 2000*, and for no improper purpose.

Sworn this _____ day of _____, _____ at _____, Ontario.

_____))
 Commissioner for taking Oaths etc.))
 _____))
 _____)) Applicants Signature