

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

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			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit			
Proposed use of building		Current use of building	
Description of proposed work			
C. Applicant Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> 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 ()	

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]					
<input type="checkbox"/> House <input type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings		<input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection		<input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <input type="checkbox"/> On-site Sewage Systems	
Description of designer's work					
D. Declaration of Designer					
I _____ declare that (choose one as appropriate): <div style="text-align: center;">(print name)</div> <input type="checkbox"/> 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. Individual BCIN: _____ Firm BCIN: _____ <input type="checkbox"/> 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. Individual BCIN: _____ Basis for exemption from registration: _____ <input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code. Basis for exemption from registration and qualification: _____					
I certify that: <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. 					
_____ Date			_____ Signature of Designer		

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d) 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 Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information					
Building number, street name				Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description			
B. Sewage system installer					
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?					
<input type="checkbox"/> Yes (Continue to Section C)		<input type="checkbox"/> No (Continue to Section E)		<input type="checkbox"/> Installer unknown at time of application (Continue to Section E)	
C. Registered installer information (where answer to B is "Yes")					
Name				BCIN	
Street address				Unit number	Lot/con.
Municipality	Postal code	Province	E-mail		
Telephone number ()	Fax ()	Cell number ()			
D. Qualified supervisor information (where answer to section B is "Yes")					
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)			
E. Declaration of Applicant:					
I _____ declare that: (print name)					
<input type="checkbox"/> I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;					
<u>OR</u>					
<input type="checkbox"/> I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.					
I certify that:					
1. The information contained in this schedule 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		

OFFICE USE

Permit No. _____

Date: _____

SCHEDULE 3 – APPLICATION INFORMATION

1. Application form, Schedules 1 to 11 must be submitted in triplicate copies.
2. Application fees:
 - a) Class 2 & 3 systems and tank replacement: \$
 - b) Class 4 & 5 systems: ≤ 4000 L/d: \$
 - c) Class 4 & 5 systems: ≤ 4000 L/d and ≤ 10000 L/d: \$
 - d) For Certificate of Change (revisions), transfer of permit and additional inspections please refer to fee schedule
3. No application will be processed if a copy of the Transfer/Deed of Land or a municipal tax receipt and architectural drawing for the property in question are not enclosed.
4. Any changes subsequent to the original application will require that a Certificate of Change and fees be submitted to our office - Section 8.(12)(13)(14) of the Building Code Act. Please refer to fee schedule.
5. Contact the applicable CA Planning and Engineering office if the said property is located in proximity of a waterway, in a zone subject to landslides or unstable slopes. A development permit may be required from the authority - Section 8.(2)(a) of the Building Code Act.
6. Township strongly recommends that fencing or equivalent protection encircle any test pit or any septic/holding tank excavation until placement of backfill material, and that tank access lids always be maintained in place. Township and its agent will not assume any responsibility for negligence relating to these safety measures.
7. The operator/owner of the sewage system shall keep it maintained at all times so that its construction remains in accordance with the requirements of the Ontario Building Code. Vehicular traffic (including snowmobiles and ATVs) must not be allowed over the leaching bed. Do not allow roof drains to discharge to the treatment unit or surface waters to drain towards the area of the leaching bed - Section 8.9.3.2.(1)(2) of the Ontario Building Code.
8. The sewage system permit will be cancelled after twelve (12) months of the date of issuance of the said permit - Section 8.(10) (b) (c) of the Building Code Act.
9. Tile drainage within 8 meters of the leaching bed must be removed or the lines broken so as to prevent the entry of sewage effluent into the drains. Table 8.2.1.6. B and Section 8.2.1.6.(2) of the Ontario Building Code.
10. We recommend that the following trees be kept at a distance of 5 meters for hard maple, elm, ash and evergreen and a distance of 8 meters for silver maple, soft maple, willow family, poplar or any large trees. We may require a letter from the applicant accepting responsibility for any damages caused to or by any trees - Section 8.9.3.2.(2) of the Ontario Building Code.
11. The building shall be located and the building site graded so that water will not accumulate at or near the building and will not adversely affect any adjacent properties - Section 3.1.17.1.(1) of the Ontario Building Code.
12. Where piping may be exposed to freezing conditions, it shall be protected from frost (see Appendix A), Section 7.3.5.5.(1) of the Ontario Building Code.

Signature of Owner

Date

Signature of agent (if applicable)

Date

OFFICE USE

Permit No. _____

Date: _____

SCHEDULE 4 – SOIL AND WATER TABLE INFORMATION (Minimum depth of test pit: 2 metres)

Name of applicant/agent: _____ Date: _____ Time: _____ Applicant/agent's signature: _____			Inspector: _____ Date: _____ Time: _____ Inspector's signature: _____				
	EG (.....)	Soil description	T		EG (.....)	Soil description	T
.5 m				.5 m			
				1.0 m			
				1.5 m			
				2.0 m			
	EG (.....)	Soil description	T		EG (.....)	Soil description	T
.5m				.5m			
				1.0 m			
				1.5 m			
				2.0 m			

LEGEND

BR = Bedrock

GWT = Ground water table

HGWT = High ground water table

M = Metres

EG = Existing grade

T = Percolation rate

OFFICE USE

Permit No. _____

Date: _____

SCHEDULE 5- PERMIT APPLICATION / CERTIFICATE OF CHANGE

☐ PERMIT APPLICATION

☐ CERTIFICATE OF CHANGE

1. TYPE OF WORK PROPOSED:

☐ New installation

☐ Replacement

☐ Alteration

2. TYPE OF WATER SUPPLY (Identify all types). (Check applicable: P = Proposed or E = Existing)

Drilled well: P ☐ E ☐

Sandpoint well: P ☐ E ☐

Dug/bored: P ☐ E ☐

Municipal: P ☐ E ☐

River intake: P ☐ E ☐

☐ Other: _____

3a) DAILY SEWAGE DESIGN FLOW

☐ Bedrooms _____

☐ House (floor area) _____ m²

☐ Persons _____

☐ Total fixture units _____ (Schedule 7)

☐ Residential flow _____ L/day

☐ Lot surface area _____ m²

3b) DAILY DESIGN FLOW FOR OTHER OCCUPANCIES

_____ L/day

☐ Detailed effluent flow calculations: _____

4. TYPE OF TREATMENT UNIT (TANK) ☐ Proposed ☐ Existing

☐ Volume: _____ L

☐ Manufacturer _____

☐ Tertiary: model _____

☐ Effluent Filter/Risers

☐ Make _____

☐ Model: _____

5. TYPE OF SYSTEM

☐ Class 2 - LEACHING PIT

☐ Class 3 - CESSPOOL

☐ Class 4

☐ Conventional/Chambers

☐ Filter Media

☐ Area Bed

☐ Shallow Buried

☐ Filter Systems

☐ Class 5 - HOLDING TANK

OFFICE USE

Permit No. _____

Date: _____

SCHEDULE 6
AS-BUILT – LAYOUT SECTION (PLAN VIEW)

SEPARATION DISTANCES (METRES)

D1 _____

D4 _____

D7 _____

D10 _____

D13 _____

D2 _____

D5 _____

D8 _____

D11 _____

D14 _____

D3 _____

D6 _____

D9 _____

D12 _____

D15 _____

ELEVATIONS (METRES)

BM _____

X2 _____

X4 _____

X6 _____

X8 _____

X1 _____

X3 _____

X5 _____

X7 _____

BOTTOM OF PIPES (METRES)

X9 _____

X10 _____

X11 _____

X12 _____

I hereby certify that the sewage system as described in this report was installed in accordance with the requirements of the Building Code Act 1992, the Ontario Building Code 1997, local municipal bylaws, and the requirements outlined in this Sewage System Permit.

SIGNATURE OF INSTALLER

BCIN NUMBER

DATE

OFFICE USE

Permit No. _____

Date: _____

SCHEDULE 7
FIXTURE UNIT COUNT
(Ontario Building Code Table 7.4.9.3 and Table 7.4.10.2)

	Fixtures	# Existing	+	# Proposed	X	Unit Count	=	Fixture Count
BATHROOM	Bathroom group (toilet, sink and tub or shower) with flush tank		+		X	6	=	
	Bathtub with/without overhead shower		+		X	1.5	=	
	Shower stall		+		X	1.5	=	
	Wash basin (1 1/2 inch trap)		+		X	1.5	=	
	Watercloset (toilet) tank operated		+		X	4	=	
	Bidet		+		X	1	=	
KITCHEN	Dishwasher		+		X	1	=	
	Sink with/without garbage grinder(s), domestic and other small type single, double or 2 single with a common trap		+		X	1.5	=	
OTHER	Domestic washing machine		+		X	1.5	=	
	Combination sink and laundry tray single or double (installed on 1 1/2 trap)		+		X	1.5	=	
Total:								

Insert the **TOTAL** in section 5 of Schedule 4 (0.Reb.403/97 Table 7.4.9.3).

1. Sump pumps and floor drains are not to be connected to the sewage system. Connection of such fixtures to a sewage system may lead to a hydraulic failure of the said system. The above-mentioned fixtures should be discharged separately to an approved Class 2 (leaching pit) sewage system.
2. Where laundry waste is not more than 20% of the total daily design sanitary sewage flow, it may discharge to a sewage system (Part 8, OBC, 8.1.3.1(2)).

Agent/Owner's signature: _____ Date: _____

SCHEDULE 8 – TYPICAL DRAWING A

ABSORPTION TRENCH METHOD

Septic Permit # _____
 Date _____
 Revision _____
 Applicant _____
 Municipality _____
 Scarification required Yes ☐ No ☐

 DATE _____

NOT TO SCALE



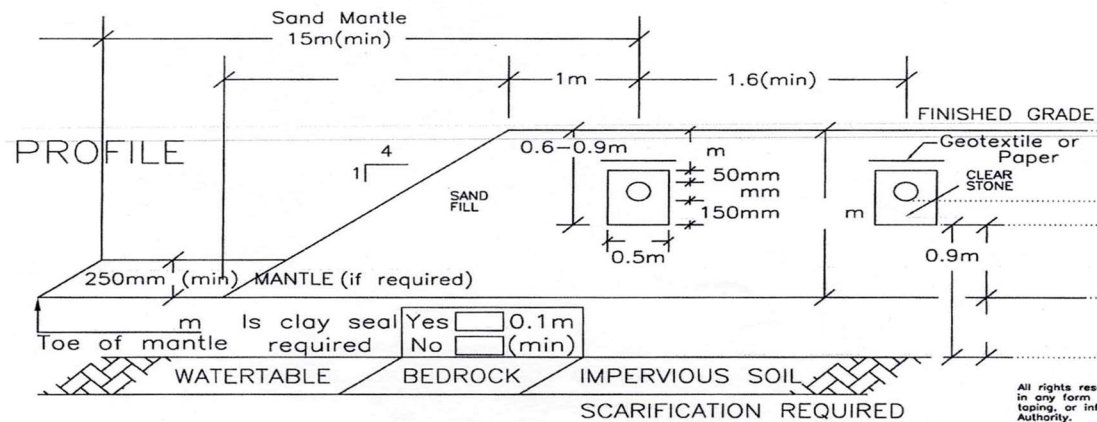
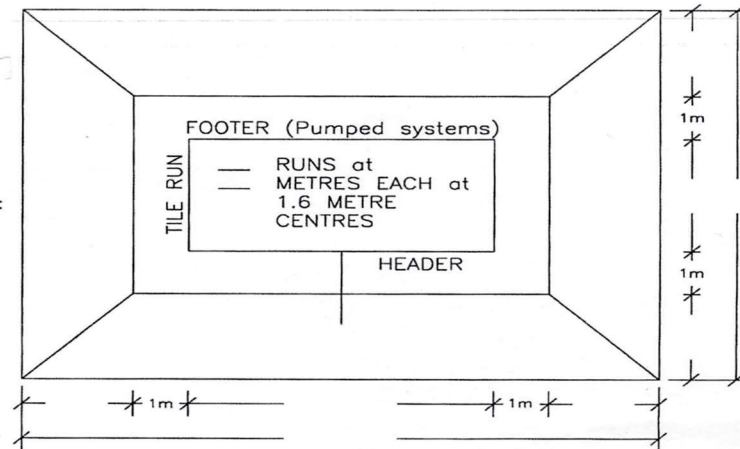
PLAN

Is mantle required:

Yes ☐

No ☐

If Yes, in what direction _____




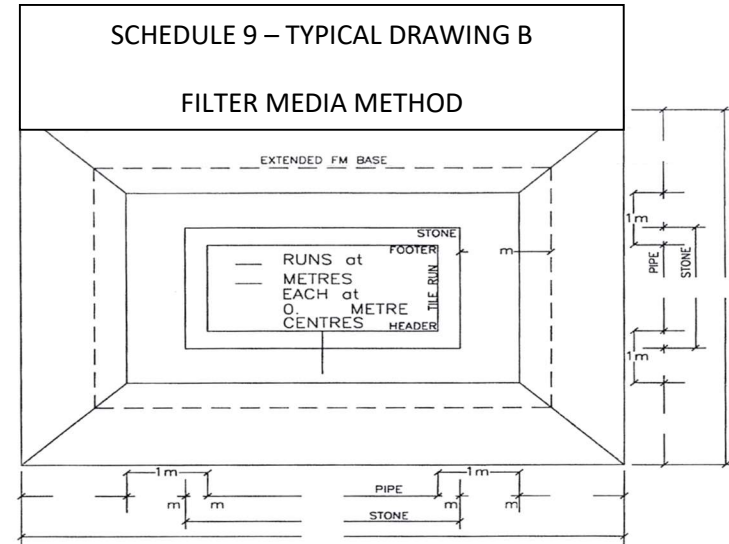
PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE

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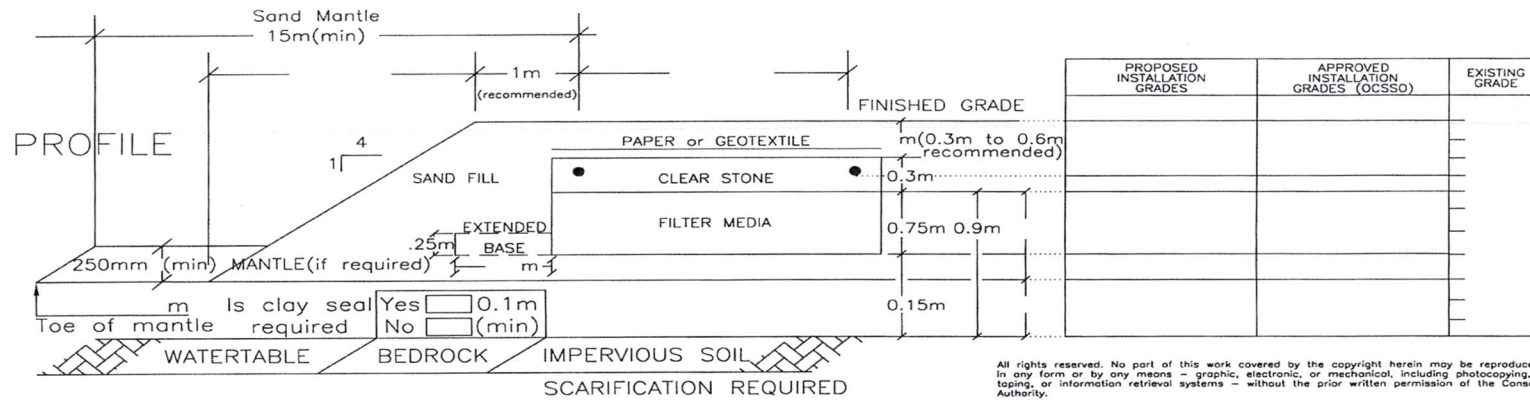
Septic Permit # _____
 Date _____
 Revision _____
 Applicant _____
 Municipality _____
 Scarification required Yes ☐ No ☐

 DATE


 PLAN
 Is mantle required:
 Yes ☐
 No ☐
 If Yes, in what direction _____



NOT TO SCALE



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Septic Permit # _____
Date _____
Revision _____
Applicant _____
Municipality _____
Scarification required Yes ☐ No ☐

DATE



PLAN

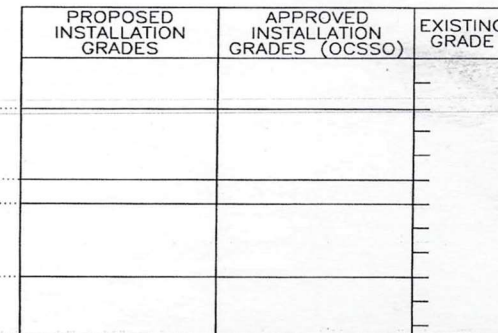
Is mantle required:

Yes ☐

No ☐

If Yes, in what direction _____

Diagram illustrating the layout of a room for a pumped system. The room is rectangular, with dimensions indicated as 1m (width) and 1.6m (depth). The layout includes a central rectangular area labeled "FOOTER (Pumped systems)". A vertical line runs through the center, labeled "TILE RUN" on the left and "HEADER" on the right. The room has a trapezoidal shape with sloped sides.



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