

The Sewage System Permit Application

- A. **Project Information** - complete all boxes
- B. **Applicant** - the applicant is to complete by filling in his or her information, this is the person the Municipality will work with to complete the project.
- C. **Owner** - insert the owners information if the owner is not the applicant.
- D. **Builder** - insert the builders information if different from the owner and the applicant.
- E. **Purpose of the application** - tick the applicable box, indicate the use of the building, *residential, commercial, industrial, etc.* Indicate the use of the existing or proposed buildings, eg. three bedroom dwelling. Also include the floor area of the building in square feet or meters. Provide a description of the proposed work, eg. install a 3,600 liter tank and 75 meter, fully raised leaching bed

Attach to the Application the Site Evaluation (Site Plan), at minimum this evaluation should contain the following information:

- indicate the location of existing and/or proposed dwelling and structures,
- Indicate the capacity of the proposed system
- along with the location and measurement of all lot lines,
- all water supply wells, with water tight casings, with a minimum depth of 6 meters,
- all other supply-wells,
- any lakes, ponds, reservoirs, rivers and/or streams, springs, that are either used or not used as a source of potable water.
- locate any trees that may have an impact on the system.
- indicate any utility corridors or easements.
- show the proposed location of the sanitary sewage system and the final drainage patterns proposed. (Show the mantle and any drainage swales required)
- Also show the size of tank and the length of distribution pipes and their layout.
- the location of any unsuitable, disturbed, or compacted areas (unsuitable locations might include areas with large fills, steep sloping areas or areas of dug pits.)
- an access route for tank maintenance.

If pumps are required, show the elevation of pump chamber and provide manufacturers specifications of pump chamber and the pump. Also provide a copy of the calculations used to

APPLICATION FOR A BUILDING PERMIT FOR A SEWAGE SYSTEM

MUNICIPAL OFFICIALS WILL NOT COMPLETE THIS FORM
THE APPLICATION FORM MUST BE COMPLETED IN INK

Owner..... Address.....Postal code..... Tel home(.....).....Work(.....).....	Contractor..... Address.....Postal code..... Tel(.....).....Fax(.....).....
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Provide the following property information for the proposed undertaking(s)

Former Township	Island # <u>or</u> lot & con	Plan No.	Sublot #	Practical Location (lake, road or neighbourhood)
Property Size	Is there an original shore road allowance/crown reserve? Yes <input type="checkbox"/> No <input type="checkbox"/> Has it been purchased? Yes <input type="checkbox"/> No <input type="checkbox"/>			Roll Number

Use of Existing Buildings and Their Floor Area

- | | |
|---------|---------|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

The area below may be used for the required site plan (as referred to in section h on the following page)

Section G - for plumbing

Please Complete the Following Table

Description	Total #	x	Fixture Units	-	Total Fixture Units
water closet(flush tank toilet)	_____	x	4	-	_____
each sink	_____	x	1 1/2	-	_____
bathub or shower	_____	x	1 1/2	-	_____
dishwasher if direct connect	_____	x	1 1/2	-	_____
clothes washing machine	_____	x	1 1/2	-	_____
single or double laundry tub	_____	x	1 1/2	-	_____
other.....	_____	X	_____	-	_____
other.....	_____	X	_____	-	_____
Total Fixture Units			-		_____

Section H - for sewage systems

Total floor area of all dwellings(from "existing buildings" section on first page) _____
 Total fixture units within all buildings on the property (from section "g" above) _____
 Total # of bedrooms on the property _____ daily flow rate (determined from "info charts") _____ litres/day

Describe the existing soil conditions in sewage system area type _____
 depth to bedrock/hardpan _____ to high water table _____ vegetation _____

Describe mantle (downslope area below sewage system) existing vegetation _____
 soil type _____ depth _____ or soil must be imported

Propose to construct(refer to the Ontario Building Code and/or information sheets and charts provided)

Class 2 grey-water pit wall structure concrete block rock other _____
 use existing soil or import soil if imported describe _____
 dimensions of pit length _____ width _____ height _____ type of cover _____
 type of class 1 to be used: privy composting chemical electrical other _____

Class 3 cesspool describe _____

Class 4 filter bed proof of approved filter material must be provided
 area of filter medium (sq.M) _____ # of runs of tile _____ header or distribution box
 use existing tank or new gov't approved concrete polyethylene size (litres) _____

Class 4 trench bed dug into existing soil or imported soil if imported describe _____
 total length of tile(m) _____ # of runs of tile _____ header or distribution box
 use existing tank or new gov't approved concrete polyethylene size (litres) _____

Class 4 (aerobic) manufacturer & model _____ daily flowrate capacity(litres) _____
 primary tank size(l) _____ secondary tank size(l) _____ bed size(sq.M) _____

Class 4 (other) manufacturer & model _____ other details _____
 _____ daily capacity(litres) _____

Class 5 (holding tank) manufacturer _____ steel polyethylene other _____
 size(litres) _____ alarm is audio and/or visual A pump out contract must be provided

For any of the above is a pump required? Yes no if yes head _____ run _____ horsepower _____

All applications under this section must include:

- Septic contractor's licence number _____ On-site installer's licence number _____
- Existing & proposed structures - all buildings, driveways, wells(state:dug, bored or drilled-include neighbours)
- Existing & proposed sewage system(s) - tank & tile field orientation, mantle area, details of existing system if it remains in use, if constructing a class 2 show reserve area for a class 4
- Prior to construction, arrange for an inspector to approve the proposed site and sewage system

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 2.20.2.1]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
I _____ declare that (choose one as appropriate): (print name)			
<input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. 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:			
1. The information contained in this schedule is true to the best of my knowledge.			
2. I have authority to bind the corporation or partnership (if applicable).			
Date		Signature of Designer	

*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

SCHEDULE 2 – SEWAGE SYSTEM INSTALLER INFORMATION**A PROJECT INFORMATION**

Building Number, Street Name		Unit Number	Lot/Concession Number
Municipality	Postal Code	Plan Number/Other Description	

B SEWAGE SYSTEM INSTALLER INFORMATION

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, 2006, Div. C, Part 3, Article 3.3.1.1.?

- YES (Complete Sections C and D) NO (Continue to Section E) Installer unknown at time of application (Continue to Section E)

C REGISTERED INSTALLER INFORMATION (where answer to Section B is "YES")

Include full contact details and mailing address

Name of registered individual, corporation or partnership		BCIN	
Street Address		Unit Number	Lot/Concession Number
Municipality	Province	Postal Code	E-mail
Telephone Number ()	Fax Number ()	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)

- 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.

OR

- 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:

- The information contained in this Schedule is true to the best of my knowledge.
- I have authority to bind the corporation or partnership (if applicable)

Date

Signature of Applicant