

# Procedures for an Application for a Sewage System Permit

## This Package Contains:

1. Northumberland County Application for a Sewage System Permit
2. Ontario Building Code Application for a Permit to Construct or Demolish
3. Proposed Sewage Disposal System Design Form
4. Calculation Sheet
5. Ontario Building Code and Guide Sheet

## All forms provided in this package must be completed and returned to the Northumberland County with the appropriate fee.

1. A copy of a property survey must be submitted to complete application.
2. Should your property fall within a conservation authority or environmental protection zone, approval from the authorizing body must be provided.
3. Other approved sewage systems (B.M.E.C. approved) will require a copy of the B.M.E.C. approval for that system, and once completed will require submission of “as built” drawings and the maintenance agreement.

## The Building Code Act does not allow the issuance of permits based on incomplete applications.

Sewage System Inspectors can only provide comments based on complete applications and plans. Therefore, incomplete applications may be returned to the Owner, or their Authorized Agent.

Once the completed application has been reviewed, an inspector will visit the property to inspect the test hole and site. The applicant will be either issued a permit to install the system or the reasons provided as to why a permit cannot be issued.

Information provided in this package is limited, and it is the responsibility of the applicant to ensure compliance with all applicable sections of the Ontario Building Code. The applicant should also keep a copy of all documents submitted.

|   |
|---|
| OFFICE USE ONLY                           |
| File Number: _____                        |
| Fee: \$875 or Tank Replacement only \$450 |
| Date Fee Received: _____                  |

# Application for a Sewage System Permit

Ontario Regulation 350/06

Personal information contained on this form is collected under the authority of the Building Code Act 2006. It is used to facilitate the issuance of a Sewage System Permit as prescribed in Section 8 of the Act. Questions about this collection should be addressed to the Senior Sewage Inspector, 555 Courthouse Road, Cobourg, Ontario, K9A 5J6

1. NAME OF OWNER: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

PRIMARY MAILING ADDRESS: \_\_\_\_\_  
Number/Unit, Street Town/City Postal Code

2. PROPOSE TO: \_\_\_\_\_ A \_\_\_\_\_ OR \_\_\_\_\_  
Install or Repair Holding tank, Leaching Bed System,  
Filter Bed, Other Treatment Unit and/or system Other (Privy, Greywater System). If other than  
a privy, specify make and model number

3. TYPE OF BUILDING: \_\_\_\_\_ ROLL #: \_\_\_\_\_  
(Single Family Dwelling, Apartment Building, Motel, etc.)

4. PROPOSED DEVELOPMENT LOCATION: \_\_\_\_\_  
County/City Township, Municipality Lot # Conc. # Plan #

---

Sub Lot # Lot size Civic (Emergency Fire, 911) # Street

5. Please see attached Design Criteria Form

NOTE: Do not drain water treatment devices into sewage system.

6. TOTAL AREA OF LIVING SPACE ON PROPERTY (includes guest cabins, bunkies, etc.): \_\_\_\_\_ m<sup>2</sup>

Is there more than one building on the property?  Yes  No

Is there more than one sewage system on the property?  Yes  No

7. WATER SUPPLY:  Dug well  Municipal System  Drilled Well (Depth of Steel Casing) \_\_\_\_\_ Metres  
 Surface Water  Other \_\_\_\_\_  
 Proposed or  Existing

NOTE: We require the type and location of any well on neighbouring properties be provided.

8. NAME OF AUTHORIZED AGENT (If other than owner, print): \_\_\_\_\_ TEL. NO.: \_\_\_\_\_  
Please provide owner's signature or authorization letter.

9. I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT AND THAT, IF APPROVED, THE WORK WILL CONFORM WITH PROVINCIAL REQUIREMENTS FOR SEWAGE SYSTEMS AND LOCAL MUNICIPAL BYLAWS.

\_\_\_\_\_  
NAME OF OWNER OR AUTHORIZED AGENT (Please Print) SIGNATURE OF OWNER OR AUTHORIZED AGENT DATE OF APPLICATION

### IMPORTANT INFORMATION!

- A. Please attach a cheque or money order (Canadian funds) for the required fee, payable to Northumberland County
- B. If the application is for a holding tank, a signed pump-out agreement must be attached.
- C. To determine the type and depth of soil in the proposed leaching bed, a TEST PIT must be excavated to a MINIMUM DEPTH of 1.5 metres (or at least to rock or water) prior to inspection. Please advise when test hole is ready. It is suggested that a protective cover be placed over the hole.

**NOTE: IS THE TEST HOLE READY?** \_\_\_\_\_ The inspection of the property will not be made until you notify us that a test hole has been provided.

**THE REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETED!**

Northumberland County  
555 Courthouse Road  
Cobourg, Ontario  
K9A 5J6  
905-372-1929

## 5: Design Criteria

| Fixture Count Sheet   |            |   |                  |   |          |   |              |   |            |            |
|---|------------|---|------------------|---|----------|---|--------------|---|------------|------------|
| Description   | # Existing | + | # New (Proposed) | = | Total    | X | Fixture Unit | = | COUNT      | Office Use |
| <i>Example only: Sink</i>                                     | <u>0</u>   | + | <u>1</u>         | = | <u>1</u> | X | <u>1.5</u>   | = | <u>1.5</u> |            |
| Bath Groups (toilet, sink, tub/shower)                        |            | + |                  | = |          | X | 6            | = |            |            |
| Sinks/Wash Basins   |            | + |                  | = |          | X | 1.5          | = |            |            |
| Bathtub/Showers   |            | + |                  | = |          | X | 1.5          | = |            |            |
| Flush Toilets   |            | + |                  | = |          | X | 4            | = |            |            |
| Dishwasher  |            | + |                  | = |          | X | 1.5          | = |            |            |
| Washing Machine   |            | + |                  | = |          | X | 1.5          | = |            |            |
| Laundry Tub   |            | + |                  | = |          | X | 1.5          | = |            |            |
| Other   |            | + |                  | = |          | X |              | = |            |            |
| <b>Total Fixture Units (Addition of fixture count column)</b> |            |   |                  |   |          |   |              | = |            |            |

| Design Flow Calculation Sheet       |   |          |     |                 |       |
|-------------------------------------|---|----------|-----|-----------------|-------|
| Residential Occupancy               |   | Existing | New | Volume (litres) | Flows |
| Bedroom Flow (A)                    | 1 Bedroom Dwelling  |          |     | 750             |       |
|                                     | 2 Bedroom Dwelling  |          |     | 1100            |       |
|                                     | 3 Bedroom Dwelling  |          |     | 1600            |       |
|                                     | 4 Bedroom Dwelling  |          |     | 2000            |       |
|                                     | 5 Bedroom Dwelling  |          |     | 2500            |       |
| Extra Bedroom Flow (B)              | Each Bedroom over 5,  |          |     | 500             |       |
| Living Area <sup>(1)</sup> Flow (C) | Each 10 m <sup>2</sup> (or part thereof) over 200 m <sup>2</sup> up to 400 m <sup>2</sup> , and |          |     | 100             |       |
|                                     | Each 10 m <sup>2</sup> (or part thereof) over 400 m <sup>2</sup> up to 600 m <sup>2</sup> ,and  |          |     | 75              |       |
|                                     | Each 10 m <sup>2</sup> (or part thereof) over 600 m <sup>2</sup> or                             |          |     | 50              |       |
| Fixture Count Flow (D)              | Each Fixture (or part thereof) over 20 fixture units, or  |          |     | 50              |       |

(1) Total finished area, excluding the area of the finished basement.

| Design Flow Calculation "Q"  |                     |                                  |
|--|---------------------|----------------------------------|
| Bedrooms _____   | Fixture Units _____ | Living Area _____ m <sup>2</sup> |
| <b>Daily Design Sewage Flow (Q): _____ litres/day A+ (B or C or D)</b> |                     |                                  |

*Design Daily Sewage Flow (Q) = (A) Bedroom flow + ((B) extra bedroom flow or (C) living area flow or (D) fixture flow) (whichever is greater)*

## **DIRECTIONS TO PROPERTY**

(Show Highway No., Secondary Roads, Signs to Follow, Landmarks, 911 Address, etc.)

A large, empty rectangular box with a thick black border, intended for the user to write the directions to the property. The box occupies most of the page below the header and instructions.

# Proposed Sewage Disposal System Design

Owner of Property: \_\_\_\_\_

1. TOTAL DAILY DESIGN SEWAGE FLOW: \_\_\_\_\_ LITRES PER DAY

2. NATIVE SOIL PERCOLATION RATE: \_\_\_\_\_ MIN/CM

3 SEPTIC TANK SIZE: \_\_\_\_\_ LITRES

4. LEACHING BED DESIGN: Complete A or B, C & D (if space is available, we always recommend an absorption trench system)

**A. Absorption Trench System** \_\_\_\_\_ metres of trench

Please indicate the depth of the bottom of the stone layer either above or below original grade:\*

Bottom of Stone Layer \_\_\_\_\_ metres Below/Above Original Grade (please circle)

**B. Filter Bed Size** \_\_\_\_\_ m<sup>2</sup> Filter Sand Contact Area \_\_\_\_\_ m<sup>2</sup>

Please indicate the depth of the bottom of the stone layer either above or below original grade:\*

Bottom of Stone Layer \_\_\_\_\_ metres Below/Above Original Grade (please circle)

**C. Tertiary Sewage System** Type \_\_\_\_\_ Model \_\_\_\_\_

Stone Area \_\_\_\_\_ Sand Area \_\_\_\_\_

**D. Loading Rate Area** \_\_\_\_\_ m<sup>2</sup> **E. 15 m Extended Sand Area (mantle)**

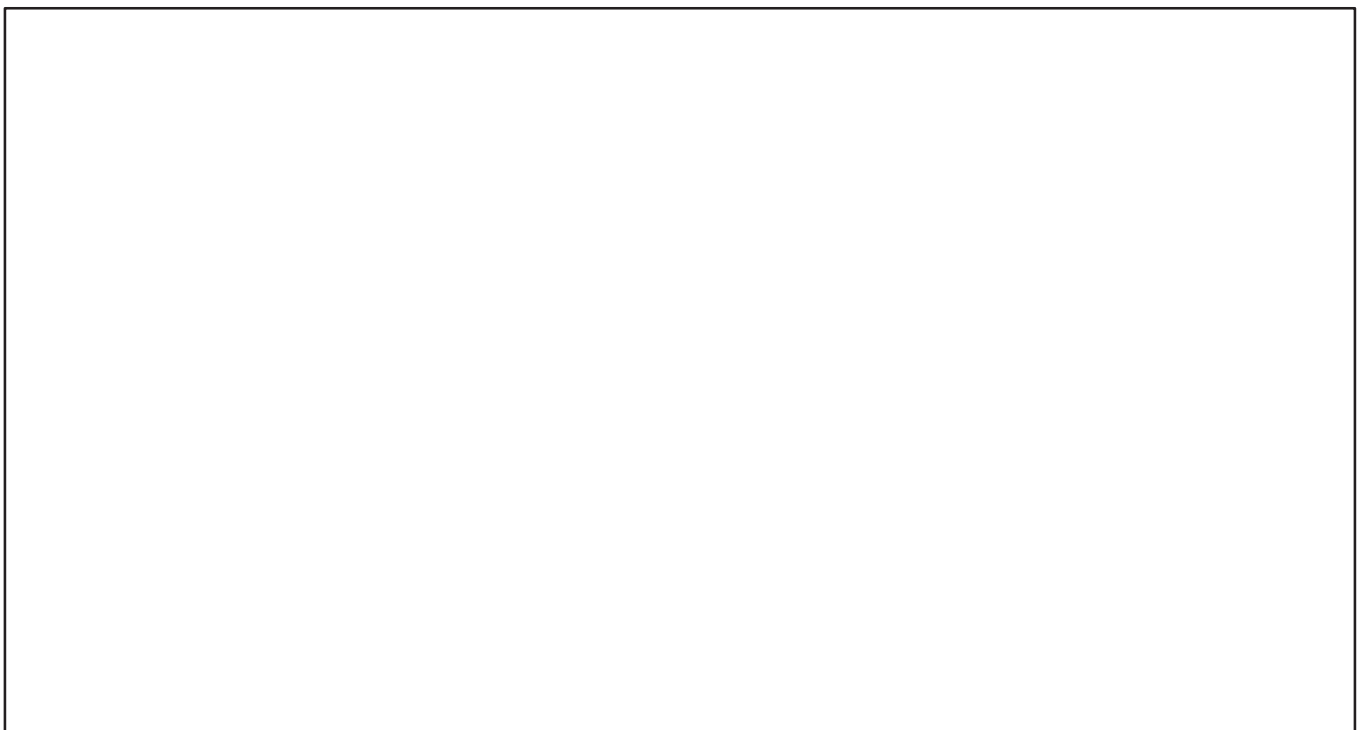
Constructed Native (Circle)

\* Note: At least 900mm above the high ground water table, rock or soil with a percolation time greater than 50 minutes.

## Side View Profile of Sewage System

NOTE: Show elevation above water table, bedrock or impermeable layer, existing grade etc.

Show elevation of finished grade with respect to original grade.



### Proposed Design Site Plan

Indicate North Point and show the following required information:

- |                                      |                            |   |
|--------------------------------------|----------------------------|---|
| 1. Septic Tank and Leaching Bed      | 7. Existing Sewage Systems | 13. Topographical Features<br>(steep slopes, swamps etc.) |
| 2. Pump Chamber                      | 8. Driveways               | 14. Direction of Slope                                    |
| 3. Loading Rate Area                 | 9. Surface Waters          | 15. Direction of Surface and<br>Ground Water Flow         |
| 4. 15 metre Mantle Area              | 10. Property Lines         |   |
| 5. Proposed Structures               | 11. Foundation Drain       |   |
| 6. Water Supplies (incl. neighbours) | 12. Eavestrough Discharge  |   |

Note: The loading rate area and the 15 metre mantle area are to be free of structures.

\_\_\_\_\_ \*Owner/Installer/Designer Name          \_\_\_\_\_ Signature          \_\_\_\_\_ Date

\* Same person who filled out "B" on schedule 1 of OBC Application Form.

|                        |   |              |
|------------------------|---|--------------|
| <b>Office Use Only</b> |   |              |
| Approved:              | Yes    No   | File # _____ |
| Reviewed By:           | _____   | _____        |
|                        | Sewage System Inspector's Name          Signature | Date         |

# Calculation Sheet

## Ontario Building Code Proposed Requirements - Residential Sewage Disposal System

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

### 1. Sewage Flow

a) Number of bedrooms: \_\_\_\_\_ = \_\_\_\_\_ Litres (1)

**ADD**

b) Living Space: \_\_\_\_\_ m<sup>2</sup>  
 Each 10 m<sup>2</sup> over 200 m<sup>2</sup> up to 400 m<sup>2</sup>: \_\_\_\_\_ x 100 = \_\_\_\_\_ Litres  
 Each 10 m<sup>2</sup> over 400 m<sup>2</sup> up to 600 m<sup>2</sup>: \_\_\_\_\_ x 75 = \_\_\_\_\_ Litres

Total: \_\_\_\_\_ Litres (2)

**OR ADD** (whichever is the larger flow)

c) Total Fixture Units: \_\_\_\_\_  
 Each Fixture Unit over 20: \_\_\_\_\_ x 50 = \_\_\_\_\_ Litres (3)

**Total Sewage Flow: (Q)** (Add 1 + 2 or 3) \_\_\_\_\_ Litres

### 2. Septic Tank Size

Residential Occupancy: \_\_\_\_\_ Sewage Flow: \_\_\_\_\_ x 2 = \_\_\_\_\_ Litres (Minimum - 3600 Litres)

### 3. Leaching Bed Size

Length of Pipe =  $\frac{\text{Sewage Flow} \times \text{Percolation Time}}{200}$

$L = \frac{QT}{200} = \frac{\quad \times \quad}{200} =$  \_\_\_\_\_ m. of trench \_\_\_\_\_ ft. of trench  
**Rounded to:** \_\_\_\_\_ m. of trench \_\_\_\_\_ ft. of trench

### 4. Loading Rate for Fill-Based Absorption Trenches and Filter Beds

| Loading Rates | Percolation Time | Loading Rate (L/m <sup>2</sup> /day) |
|---------------|------------------|--------------------------------------|
|               | 1-20             | 10                                   |
|               | 20-35            | 8                                    |
|               | 35-50            | 6                                    |
|               | > 50             | 4                                    |

Sewage Flow ÷ Loading Rate = \_\_\_\_\_ m<sup>2</sup> of contact area  
 \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_ m<sup>2</sup> of contact area

### 5. Filter Bed Size

Sewage Flow < 3000 Litres/Day: Sewage Flow ÷ 75 = m<sup>2</sup>  
 \_\_\_\_\_ ÷ 75 = \_\_\_\_\_ m<sup>2</sup> of filter bed

Sewage Flow > 3000 Litres/Day: Sewage Flow ÷ 50 = m<sup>2</sup>  
 \_\_\_\_\_ ÷ 50 = \_\_\_\_\_ m<sup>2</sup> of filter bed

| SOIL CONDITION                 |           |
|--------------------------------|-----------|
| Depth (metres)                 | Soil Type |
| 0                              |           |
| 0.5                            |           |
| 1.0                            |           |
| 1.5                            |           |
|                                |           |
| Show Rock Elevation _____      |           |
| Show Water Table _____ W _____ |           |

### 6. Filter Bed Contact Area of Filter Sand

Area =  $\frac{\text{Sewage Flow} \times \text{Percolation Rate}}{850}$  = \_\_\_\_\_ m<sup>2</sup> of contact area

$A = \frac{QT}{850} = \frac{\quad \times \quad}{850} =$  \_\_\_\_\_ m<sup>2</sup> of contact area

**Expanded contact area is to be no less than the filter bed size.**

Owner/Contractor/Designer's Name: \_\_\_\_\_

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

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

# Ontario Building Code & Guides

**Table 7.9.4.3.**  
**Minimum Permitted Size of Fixture Outlet Pipe and Hydraulic Loads for Fixtures**

| Fixture   | Min. Size of Fixture Outlet Pipe, in. | Hydraulic Load, fixture units                                 |
|---|---------------------------------------|---|
| Autopsy table   | 1½                                    | 2   |
| Bathroom group  |                                       |   |
| a) with flush tank  |                                       | 6   |
| b) with direct flush valve  |                                       | 8   |
| Bathtub (with or without shower)  | 1½                                    | 1½  |
| Bathtub: foot, sitz, or slab  | 1½                                    | 1½  |
| Bed pan washer  | 3                                     | 6   |
| Beer cabinet  | 1½                                    | 1½  |
| Bidet   | 1¼                                    | 1   |
| Chinese range   | 1½                                    | 3   |
| Clothes washer  |                                       |   |
| a) domestic   | N/A                                   | 1½ with 1½ in. trap   |
| b) commercial   | N/A                                   | 2 with 1½ in. trap  |
| Dental unit or cuspidor   | 1¼                                    | 1   |
| Dishwasher  |                                       | ½   |
| a) domestic   | 1½                                    | no load when connected to garbage grinder or domestic sink    |
| b) commercial type  | 2                                     | 3   |
| Drinking fountain   | 1¼                                    | ½   |
| Fish tank or tray   | 1½                                    | 1½  |
| Floor drain   | 2                                     | 2 with 2 in. trap<br>3 with 3 in. trap                        |
| Garbage grinder   | 2                                     | 3   |
| Icebox  | 1¼                                    | 1   |
| Laundry tray  |                                       |   |
| a) single or double units or 2 single units with common trap  | 1½                                    | 1½  |
| b) 3 compartments   | 1½                                    | 2   |
| Lavatory  |                                       |   |
| a) barber or beauty parlor  | 1½                                    | 1½  |
| b) dental   | 1¼                                    | 1   |
| c) domestic type single, or 2 single with common trap   | 1¼                                    | 1 with 1¼ in. trap<br>1½ with 1½ in. trap                     |
| d) multiple or industrial type  | 1½                                    | 3   |
| Potato Peeler   | 2                                     | 3   |
| Shower drain  |                                       |   |
| a) from 1 head  | 1½                                    | 1½  |
| b) from 2 or 3 heads  | 2                                     | 3   |
| c) from 4 to 6 heads  | 3                                     | 6   |
| Sink  |                                       |   |
| a) domestic and other small type with or without garbage grinders, single, double, or 2 single with a common trap | 1½                                    | 1½  |
| b) other sinks  | 1½                                    | 1½ with 1½ in. trap<br>2 with 2 in. trap<br>3 with 3 in. trap |
| Urinal  |                                       |   |
| a) pedestal, siphon jet or blowout type   | 2                                     | 4   |
| b) stall, washout type  | 2                                     | 2   |
| c) wall   |                                       |   |
| i) washout type   | 1½                                    | 1½  |
| ii) other types   | 2                                     | 3   |
| Water closet  |                                       |   |
| a) with flush tank  | 3                                     | 4   |
| b) with direct flush  | 3                                     | 6   |

**Table 8.2.1.3.A.**  
**Residential Occupancy**

| Residential Occupancy   | Volume (litres) |
|---|-----------------|
| Apartments, Condominiums, Other Multi-family Dwellings - per person <sup>1</sup>                                  | 275             |
| Boarding Houses   |                 |
| a) Per person,  |                 |
| i) with meals and laundry facilities, or  | 200             |
| ii) without meals or laundry facilities, and  | 150             |
| b) Per non-resident staff per 8 hour shift  | 40              |
| Boarding School - per person  | 300             |
| Dwellings   |                 |
| a) 1 Bedroom Dwelling   | 750             |
| b) 2 Bedroom Dwelling   | 1100            |
| c) 3 Bedroom Dwelling   | 1600            |
| d) 4 Bedroom Dwelling   | 2000            |
| e) 5 Bedroom Dwelling   | 2500            |
| f) Additional flow for <sup>(2)</sup>   |                 |
| i) each bedroom over 5,   | 500             |
| ii) A) each 10 m <sup>2</sup> (or part thereof) over 200 m <sup>2</sup> up to 400 m <sup>2</sup> <sup>(3)</sup> , | 100             |
| B) each 10 m <sup>2</sup> (or part thereof) over 400 m <sup>2</sup> up to 600 m <sup>2</sup> <sup>(3)</sup> , and | 75              |
| C) each 10 m <sup>2</sup> (or part thereof) over 600 m <sup>2</sup> <sup>(3)</sup> , or                           | 50              |
| iii) each fixture unit over 20 fixture units  | 50              |
| Hotels and Motels (excluding bars and restaurants)  |                 |
| a) Regular, per room  | 250             |
| b) Resort hotel, cottage, per person  | 500             |
| c) Self-service laundry, add per machine  | 2500            |
| Work Camp/Construction Camp, semi-permanent per worker  | 250             |

**Table 8.2.1.5.**  
**Clearance Distances for Sewage Systems**

|                  | Clearance Distances for Class 1, 2 and 3 Sewage Systems  |  |   |   |
|------------------|--|--|---|---|
|                  | Minimum horizontal distance in metres from a well with watertight casing to a depth of at least 6 m. | Minimum horizontal distance in metres from a spring used as a source of potable water or well other than a well with a watertight casing to a depth of at least 6 m. | Minimum horizontal distance in metres from a lake, river, pond, stream, reservoir, or a spring not used as source of potable water. | Minimum horizontal distance in metres from a Property Line. |
| Earth Pit        | 15   | 30   | 15  | 3   |
| Privy            |  |  |   |   |
| Privy            | 10   | 15   | 10  | 3   |
| Vault            |  |  |   |   |
| Pail Privy       |  |  |   |   |
| Greywater System | 10   | 15   | 15  | 3   |
| Cesspool         | 30   | 60   | 15  | 3   |



**Table 8.2.1.6.A.  
Minimum Clearances for Treatment Units**

|               |       |
|---------------|-------|
| Structure     | 1.5 m |
| Well          | 15 m  |
| Lake          | 15 m  |
| Pond          | 15 m  |
| Reservoir     | 15 m  |
| River         | 15 m  |
| Spring        | 15 m  |
| Stream        | 15 m  |
| Property Line | 3 m   |

Note:

1. All clearance distances are increased by twice the height that the leaching bed/filter bed is raised above the original ground.
2. Clearances may be increased to to municipal bylaws.

**Table 8.2.1.6.B.  
Minimum Clearances for Distribution Pipe**

|   |      |
|---|------|
| Structure                                       | 5 m  |
| Well with a watertight casing to a depth of 6 m | 15 m |
| Any other well                                  | 30 m |
| Lake  | 15 m |
| Pond  | 15 m |
| Reservoir                                       | 15 m |
| River   | 15 m |
| A spring not used as a source of potable water  | 15 m |
| Stream  | 15 m |
| Property Line                                   | 3 m  |

**Table 8.2.1.6.C.  
Minimum Clearances for Holding Tanks**

|  |       |
|--|-------|
| Structure  | 1.5 m |
| Well with a watertight casing to a depth of at least 6 m | 15 m  |
| Any other well   | 15 m  |
| A spring   | 15 m  |
| Property Line  | 3 m   |

**Table 2.  
Soil Percolation Rates**

| Soil Type<br>(unified soil classification)                              | Coefficient of Permeability<br>K - cm/sec. | Percolation Time -<br>T mins/cm. | Comment  |
|---|--|----------------------------------|--|
| <b>Coarse Grained -<br/>More than 50% larger than #200</b>              |  |                                  |  |
| G.W. - Well graded gravels, gravel-sand mixtures, little or no fines.   | $10^{-1}$                                  | <1                               | very permeable unacceptable                                |
| G.P. - Poorly graded gravels, gravel-sand mixtures, little or no fines. | $10^{-1}$                                  | <1                               | very permeable unacceptable                                |
| G.M. - Silty gravels, gravel sand-silt mixtures.                        | $10^{-2}$ - $10^{-4}$                      | 4-12                             | Permeable to medium permeable depending on amount of silt. |
| G.C. - Clayey gravels, gravel-sand-clay mixtures.                       | $10^{-4}$ - $10^{-6}$                      | 12-50                            | Important to estimate amount of silt and clay.             |
| S.W. - Well-graded soils, gravelly sands, little or no fines.           | $10^{-1}$ - $10^{-4}$                      | 2-12                             | medium permeability  |
| S.P. - Poorly graded sands, gravelly sand, little or no fines.          | $10^{-1}$ - $10^{-3}$                      | 2-8                              | medium permeability  |
| S.M. - Silty sands, sand-silt mixtures.                                 | $10^{-3}$ - $10^{-5}$                      | 8-20                             | medium to low permeability                                 |
| S.C. - Clayey sands, sand-clay mixtures.                                | $10^{-4}$ - $10^{-6}$                      | 12-50                            | medium to low permeability (depends on amount of clay)     |

**Table 3.  
Approximate Relationship of Soil Types to Permeability and Percolation Time**

| Soil Type<br>(unified soil classification)   | Coefficient of Permeability<br>K - cm/sec. | Percolation Time -<br>T mins/cm. | Comment                            |
|--|--|----------------------------------|------------------------------------|
| <b>Fine Grained -<br/>More than 50% passing #200</b>   |  |                                  |                                    |
| M.L. - Inorganic silts and very fine sands, rock flour, silty or clayey fine sands, clayey silts with slight plasticity. | $10^{-5}$ - $10^{-6}$                      | 20 - 50                          | medium to low permeability         |
| C.L. - Inorganic clays of low to medium plasticity gravelly clays, sandy clays, silty clays, lean clays.                 | $10^{-6}$ and less                         | over 50                          | unacceptable                       |
| O.L. - Organic silts, organic silty clays of low plasticity; liquid limit less than 50                                   | $10^{-5}$ and less                         | 20 - over 50                     | acceptable depends on clay content |
| M.H. - Inorganic silts, micaceous or diatomaceous fine sandy soil or silty soils, elastic silts                          | $10^{-6}$ and less                         | over 50                          | unacceptable                       |
| C.H. - Inorganic clays of medium to high plasticity, organic silts   | $10^{-7}$ and less                         | over 50                          | unacceptable                       |
| O.H. - Organic clays of medium to high plasticity-organic silt; liquid limit over 50                                     | $10^{-6}$ and less                         | over 50                          | unacceptable                       |

NOTE: Greywater systems must be maintained at least 5 metres from any structure.

# LOT IDENTIFICATION

Name: \_\_\_\_\_

Concession #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Sub Lot # \_\_\_\_\_

Civic (Emergency, Fire, 911) #: \_\_\_\_\_



## Confirmation of Mailing Addresses

### **Applicant/Homeowner**

|                                     |
|-------------------------------------|
| Name _____                          |
| Address: _____                      |
| City/Town: _____ Postal Code: _____ |
| Phone Number: Home _____ Cell _____ |
| Email: _____                        |

### **Installer (if different than above)**

|                                     |
|-------------------------------------|
| Name: _____                         |
| Address: _____                      |
| City/Town: _____ Postal Code: _____ |
| Business Phone: _____ Cell _____    |
| Email: _____                        |

Thank you

# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

| For use by Principal Authority  |                                     |                                |                            |                           |
|---|-------------------------------------|--------------------------------|----------------------------|---------------------------|
| Application number:   |                                     | Permit number (if different):  |                            |                           |
| Date received:  |                                     | Roll number:                   |                            |                           |
| Application submitted to: _____<br>(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 <sup>2</sup> ) |                            |                           |
| B. Purpose of application   |                                     |                                |                            |                           |
| New construction  | Addition to an<br>existing building | Alteration/repair              | Demolition                 | Conditional<br>Permit     |
| Proposed use of building  |                                     | Current use of building        |                            |                           |
| Description of proposed work  |                                     |                                |                            |                           |
| C. Applicant  |                                     |                                |                            |                           |
| Applicant is:   |                                     | Owner or                       |                            | 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<br>(    )  |                                     | Fax<br>(    )                  |                            | Cell number<br>(    )     |
| 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<br>(    )  |                                     | Fax<br>(    )                  |                            | Cell number<br>(    )     |

| <b>E. Builder (optional)</b>  |  |                        |  |          |
|---|--|------------------------|--|----------|
| Last name   |  | First name             | Corporation or partnership (if applicable) |          |
| Street address  |  |                        | Unit number                                | Lot/con. |
| Municipality  |  | Postal code            | Province                                   | E-mail   |
| Telephone number<br>( )   |  | Fax<br>( )             | Cell number<br>( )                         |          |
| <b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>   |  |                        |  |          |
| i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.  |  |                        | Yes  | No       |
| ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?  |  |                        | Yes  | No       |
| iii. If yes to (ii) provide registration number(s): _____   |  |                        |  |          |
| <b>G. Required Schedules</b>  |  |                        |  |          |
| i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.  |  |                        |  |          |
| ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.   |  |                        |  |          |
| <b>H. Completeness and compliance with applicable law</b>   |  |                        |  |          |
| i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted).<br>Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made. |  |                        | Yes  | No       |
| ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> .   |  |                        | Yes  | No       |
| iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.   |  |                        | Yes  | No       |
| iv) The proposed building, construction or demolition will not contravene any applicable law.   |  |                        | Yes  | No       |
| <b>I. Declaration of applicant</b>  |  |                        |  |          |
| I _____ declare that:<br>(print name)   |  |                        |  |          |
| 1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation 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 |  |          |

Personal information contained in this form and schedules 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: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

## Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

| <b>A. Project Information</b>   |                               |                                |          |
|---|-------------------------------|--------------------------------|----------|
| Building number, street name  |                               | Unit no.                       | Lot/con. |
| Municipality  | Postal code                   | Plan number/ other description |          |
| <b>B. Individual who reviews and takes responsibility for design activities</b>   |                               |                                |          |
| Name  |                               | Firm                           |          |
| Street address  |                               | Unit no.                       | Lot/con. |
| Municipality  | Postal code                   | Province                       | E-mail   |
| Telephone number<br>(    )  | Fax number<br>(    )          | Cell number<br>(    )          |          |
| <b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>  |                               |                                |          |
| House   | HVAC – House                  | Building Structural            |          |
| Small Buildings   | Building Services             | Plumbing – House               |          |
| Large Buildings   | Detection, Lighting and Power | Plumbing – All Buildings       |          |
| Complex Buildings   | Fire Protection               | On-site Sewage Systems         |          |
| Description of designer's work  |                               |                                |          |
| <b>D. Declaration of Designer</b>   |                               |                                |          |
| I _____ declare that (choose one as appropriate):   |                               |                                |          |
| (print name)  |                               |                                |          |
| 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: _____  |                               |                                |          |
| 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: _____  |                               |                                |          |
| 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 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) (c) 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

| <b>A. Project Information</b>   |                |  |          |
|---|----------------|--|----------|
| Building number, street name  |                | Unit number  | Lot/con. |
| Municipality  | Postal code    | Plan number/ other description                                   |          |
| <b>B. Sewage system installer</b>   |                |  |          |
| 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?   |                |  |          |
| Yes (Continue to Section C)   |                | No (Continue to Section E)                                       |          |
|   |                | Installer unknown at time of application (Continue to Section E) |          |
| <b>C. Registered installer information (where answer to B is "Yes")</b>   |                |  |          |
| Name  |                | BCIN   |          |
| Street address  |                | Unit number  | Lot/con. |
| Municipality  | Postal code    | Province   | E-mail   |
| Telephone number<br>(     )   | Fax<br>(     ) | Cell number<br>(     )   |          |
| <b>D. Qualified supervisor information (where answer to section B is "Yes")</b>   |                |  |          |
| Name of qualified supervisor(s)   |                | Building Code Identification Number (BCIN)                       |          |
|   |                |  |          |
| <b>E. Declaration of Applicant:</b>   |                |  |          |
| <p>I _____ declare that:</p> <p style="margin-left: 40px;">(print name)</p> <p style="margin-left: 40px;">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;</p> <p><u>OR</u></p> <p style="margin-left: 40px;">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.</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Date</p> <p style="margin-left: 200px;">_____</p> <p style="margin-left: 200px;">Signature of applicant</p> |                |  |          |