

Application for a Permit to Construct or Demolish – Sewage System

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 ()	

E. Builder (optional)				
Last name		First name	Corporation or partnership (if applicable)	
Street address			Unit number	Lot/con.
Municipality		Postal code	Province	E-mail
Telephone number ()		Fax ()		Cell number ()
F. Tarion Warranty Corporation (Ontario New Home Warranty Program)				
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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide registration number(s): _____				
G. Required Schedules				
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.				
H. Completeness and compliance with applicable law				
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). 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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> .			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Declaration of applicant				
I _____ declare that:				
(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.

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"/> 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 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:			
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:			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p><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;</p> <p><u>OR</u></p> <p><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.</p> <p>I certify that:</p> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

INFORMATION FOR SEPTIC PERMIT
Ontario Building Code Part 8 Program

DATE: _____

PERMIT #: _____

PERMIT #: _____

RECEIPT #: _____

MUNICIPAL ADDRESS OF PROPOSED SYSTEM: _____

OWNER: _____

CONTRACTOR/INSTALLER/HAULER: _____

LOT #: _____ PART LOT #: _____ CONC. #: _____ PLAN #: _____

ROLL #: _____

New Construction Repair/Alteration Niagara Escarpment File #: _____

Other: _____

1. Lot Dimensions: _____ Lot Area: _____

2. Use of Building: *Existing*: _____ After Construction: _____

3. Total No. of Dwelling Units in Building: Existing: _____ After Construction: _____

4. Finished Floor Area of Building: Existing: _____ After Construction: _____

5. Number of Bedrooms: Existing: _____ After Construction: _____

6. Municipal Sewers Available on Street? _____ Municipal Water Available on Street? _____

7. Indicate Water Supply: Municipal Well Cistern

8. Indicate number of plumbing fixture units within building served by sewage system: _____

9. Total daily design sanitary sewage flow _____ litres/day

10. Site Evaluation

Prepared by: _____ Telephone #: _____ Fax #: _____

Address: _____

Signature: _____

Date of Evaluation: _____

Depth to Bedrock/Hardpan: _____ Depth to Zone of Soil Saturation (water table): _____

Description of Native Soil: _____ Soil Permeability Test: _____

11. Description of sewage system: _____

Class 4:

- In ground Leaching Bed
- Raising Leaching Bed
- Other

- Filter Bed
- Tertiary System
- BMEC Authorization Included

Class 5:

- Holding Tank

12. Description of Treatment Unit(s): _____

Septic Tank – Manufacturer and Model: _____

Other – Manufacturer and Model: _____

13. Description of Pump: Head: _____ Run: _____ HP: _____

14. Description of Holding Tank/Alarms: _____

Copy of agreement with hauler provided

SEWAGE SYSTEM CALCULATIONS

TEST HOLES SHALL BE FIVE FEET DEEP, OR TO BEDROCK OR WATER TABLE

TEST HOLE - Sub-surface conditions encountered	Rock & G.W.T.	Depth (m)	Soil Type	"T" Time
		- 0 -		
		-0.25-		
		-0.50 -		
		-0.75-		
		-1.00-		
		-1.25-		
		-1.50-		

Q	=	Total Daily Sewage Flow in Litres
L	=	Length of Distribution Pipe in Metres
T	=	Percolation Time of Soil

SEPTIC TANK SIZE = Working Capacity of Septic Tank

Size	=	Q X 2	=	_____ Litres
	=	____ X 2	=	_____ Litres
Non-Residential	=	____ X 3	=	_____ Litres

Note: In NO case shall the working capacity of septic tank be less than 3,600 litres

Use of Existing Tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	New C.S.A. Standard: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Unit Other than Septic Tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	Working Capacity: Litres
Pump Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			

ABSORPTION TRENCHES = Length of Distribution Pipe (for systems with septic tank)

L	=	$\frac{Q \times T}{200}$	=	_____ Metres
	=	_____ X _____ ÷ 200	=	_____ Metres

**Note: The total length of distribution pipe shall not be less than 40 metres
Fill Material Loading Rate Area requirements (unsaturated suitable soil in area of bed and mantle)**

_____ Q _____ Loading Rate	=	_____	=	_____ Sq. Metres
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FILTER BED = Size of Filter Medium Required				
If Q is 3,000 litres or less =		$Q \div 75$	=	_____ Sq. Metres
		\div	=	_____ Sq. Metres
If Q is more than 3,000 litres =		$Q \div 50$	=	_____ Sq. Metres
		\div	=	_____ Sq. Metres
If TERTIARY system is used =		$Q \div 100$	=	_____ Sq. Metres
		\div	=	_____ Sq. Metres
Base of Filter Medium - shall extend to a thickness of 250 mm over the following area:				
AREA	=	$\frac{Q \times T}{850}$		
		$\frac{X}{850}$	=	_____ Sq. Metres
<i>Note: "T" is the Percolation Time of the underlying Native Soil Fill Material Loading Rate Area requirements (unsaturated suitable soil in area of bed and mantle)</i>				
$\frac{Q}{\text{As per loading rate in Table 8.7.4.1A}}$	=	_____	=	_____ Sq. Metres

AREA BED – TERTIARY DESIGN				
<i>PROOF OF APPROVED FILTER MATERIAL MUST BE PROVIDED PRIOR TO FINAL INSPECTION</i>				
If Q is 3,000 litres or less	L	$Q \div 75$	=	
If Q is 3,000 litres or more	L	$Q \div 50$	=	
$\frac{Q}{\text{Loading Rate}}$		Mantle Area: $Q \div 8 =$		Hydraulic Conductivity of Leach Bed Cover (<0.01 m/day):

SHALLOW BURIED TRENCHES – LENGTH OF DISTRIBUTION (L)				
In soil < 1 - < 20 minutes	L =	$\frac{Q}{75}$	=	_____ Metres
In soil 20 – 50 minutes	L =	$\frac{Q}{50}$	=	_____ Metres
In soil 50 – 125 minutes	L =	$\frac{Q}{30}$	=	_____ Metres
<i>(Total Length of pipe shall not be less than 30 metres and "T" time of soil "T" time <u>NOT</u> to exceed 125 minutes)</i>				

SEWAGE SYSTEM DESIGN – SITE PLAN

Owner: _____

Address: _____
(Street) (City/Town/Twp) (Postal Code)

Designer: _____

- Outline property with all dimensions – include setbacks from existing/proposed dwelling and bed area, property line, all structures, wells and cisterns (including neighbours), water courses/wetland areas.
- Include details of sewage system (dimensions of bed/mantle, tank location(s), pump chamber).
- Include cross-section design for raised systems – indicate existing grade, depth of material.
- Indicate existing or proposed driveways, easements, right-of-ways, drainage patterns.
- Measurements must be in metric (not to scale).

Three Stages of Inspections Required:

- 1) Prior to construction, grading and scarifying before addition of fill.
- 2) Inspection of fill prior to backfilling (proof of approved fill material to be submitted).
- 3) Final grading – filter bed systems require topsoil on top and sides and bed to be sodded/seeded prior to issuance of Use Permit.

ANY CHANGES TO APPROVED DESIGNS MUST BE REVIEWED AND APPROVED BY THE NIAGARA REGION PUBLIC WORKS DEPARTMENT PRIOR TO CONSTRUCTION.