

Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

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. 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 ()	
C. 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 ()	
D. 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 ()	
E. 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			
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. Attachments			
i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3. ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities. iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system. iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.			
H. Declaration of applicant			
I _____ certify 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. I have authority to bind the corporation or partnership (if applicable).			
_____		_____	
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.

SEWAGE SYSTEM - DESIGN

PROPOSED DESIGN – ATTACH A DETAILED SITE PLAN SHOWING THE LOCATION OF THE DWELLING AND SEWAGE SYSTEM (with cross-section) IN RELATION TO LOT LINES, WELLS, SURFACE WATER, DRIVEWAYS, EASEMENTS, SWIMMING POOLS AND OTHER BUILDINGS.

OTHER ATTACHMENTS REQUIRED ARE SOIL ANALYSIS REPORT, TABLE 1 (calculation of fixture units), TABLE 2 (calculation of daily estimated sewage flow).

#BEDROOMS _____ #FIXTURE UNITS _____ TOTAL FLOOR AREA _____
(employees)

Percolation rate _____ Estimated Daily Sewage Flow _____ Litres/day Septic tank size _____ litres (min. 3600 litres.)

Disposal Bed Size (complete only applicable formula)

1. Standard Trenches

2. Raised:

3. Shallow Buried Trenches
Or Area Bed

$$L = \frac{Q \times T}{200}$$

$$L = \frac{Q \times T}{200}$$

$$= \frac{200}{200} \times \frac{200}{200}$$

$$= \frac{200}{200} \times \frac{200}{200} \text{ (T of fill)}$$

design criteria

$$= \frac{200}{200} \text{ metres}$$

$$= \frac{200}{200} \text{ metres}$$

Dosing Pump Required _____ Yes/No If Yes, Dosing Capacity _____

If installing a Tertiary Treatment Unit with Shallow Buried Trenches, please attach manufacturer's service and monitoring agreement.

Owner/Agent Signature _____ Date _____

I certify that the above information is complete and correct

PLEASE ATTACH THIS COMPLETED DESIGN FORM TO YOUR APPLICATION.

TABLE 1

CALCULATION OF FIXTURE UNITS - HYDRAULIC LOAD

	COLUMN 1	COLUMN 2	COLUMN 3 (multiply columns 1 by columns 2)
ITEMS:	FIXTURE UNITS PER ITEM	HOW MANY ?	TOTAL FIXTURE UNITS
FULL BATHROOM (toilet, sink, shower or bathtub)	8		
½ BATHROOM (toilet, sink)	5 ½		

ADDITIONAL BATHROOM FIXTURES - NOT COUNTED ABOVE

WHIRLPOOL BATHROOM	2		
FLUSH TOILET	4		
SHOWER STALL	1 ½		
BATHTUB	1 ½		
WASHBASIN	1 ½		
BIDET	1		
KITCHEN SINK (single bowl 1 ½, double bowl 3)	1 ½ or 3		
DISHWASHER	1 ½		
LAUNDRY TUB/ Washing Machine	1 ½		

TOTAL NUMBER OF FIXTURE UNITS: (add up column 3) = _____

*INCLUDE ANY FIXTURES THAT MAY BE PLANNED IN FUTURE EXPANSION/RENOVATIONS

OWNER / APPLICANT SIGNATURE

PLEASE ATTACH THIS COMPLETED TABLE TO YOUR APPLICATION

TABLE 2

CALCULATING THE ESTIMATED DAILY SEWAGE FLOW FOR RESIDENCES

Basic Values For All Residences :	Litres / Day
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
Total Basic Value For Applicants Dwelling:	_____
ADDITIONAL VALUES FOR ALL RESIDENCES :	
f) 50 litres/day for <u>each</u> fixture unit over 20, <p style="text-align: center;">OR</p> 100 litres/day for each 10m ² , or part thereof, over 200m ² Whichever Is The Greater	_____
g) 500 litres/day for each bedroom over 5 :	_____

TOTAL : _____

OWNER / AGENT SIGNATURE _____

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 2.18.1.1?			
<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. I have authority to bind the corporation or partnership (if applicable).			
_____		_____	
Date		Signature of applicant	

CARE AND MAINTENANCE OF PRIVATE WASTE DISPOSAL SYSTEMS (SEPTIC TANK AND TILE BED)

1. Under no circumstances should a homeowner enter a septic tank
 - Noxious gases, which are heavier than air, remain in the tank after the cover is removed, and have caused death both to the original victim and to those who attempted to rescue the person from the tank.
 - A licensed professional should only do entry into, and inspection of a septic.
2. Do not alter the grade over the tile bed after it has been installed and inspected.
 - This may affect its biological operation and may result in malfunctioning of the system.
3. The septic tank should be inspected at least every two years and pumped out when necessary.
 - The septic should be pumped out every 3-4 years, or when the sludge in the tank is approaching the 1/3 full mark.
 - If more than this amount of sludge builds up, there is a chance that particles can get into the disposal field and cause blockage and system failure.
4. Keep water usage to minimum
 - The more water used, the more that must be handled by septic drain fields.
 - Purchase appliances such as dishwashers and washing machines, which have water-conserving features.
 - Install water conserving showerheads and faucets and fix leaky faucets.
 - Avoid indiscriminate flushing of toilets.
 - Minimize the use of spas and hot tubs.
 - Wash only full loads of clothes, and distribute was loads over sever days rather than all on one day.
 - Food waste disposer are not recommended for use with private septic systems as the tile bed must be increased by as must as 25% in size.
 - As an alternative to disposing of organic materials through your septic system, try composting. More information on this is available by calling the Essex-Windsor Waste Management Committee at 1-800-563-3377.
5. Do not use this septic tank as a disposal system.
 - Do not allow the following items to enter the system, water softener backwash, paints, solvents, grease, coffee grounds, bones, cooking fats, filter cigarette butts, disposal diapers, paper toweling, tissues, sanitary napkins, etc.
 - Moderate use of household drain solvents, cleaners disinfectants, etc., should not interfere with the operation of the sewage disposal system, however, indiscriminate use may cause problems.
 - Organic based household cleaners are highly recommended.
 - White toilet papers are preferred, as it breaks down faster and more completely than colored toilet paper.
6. Do not allow roof drains, sump pump discharge or surface runoff to drain toward the tile field area.
 - Water ponding upon the tile field and saturation of soil within the tile field reduces the overall effectiveness of the system by reducing the ability of the tile field to dispose of liquid wastes.
 - Do not install sprinkler systems in the tile bed area.
7. Vehicular traffic (including snowmobiles) should not be allowed over the leaching bed.
 - Any traffic over the leaching bed may cause solid compaction and damage to the distribution pipe.
 - In the winter, snowmobile traffic causes compaction of the snow, which can increase the depth of freezing which can have negative effects on the leaching bed.
8. There should be no need to use "starters", "bacterial feeds" or "cleaners" in the tank.
 - It is important not to add excessive amounts of soil to the leaching bed as this may prevent evapotranspiration.
 - It is also important that objects such as patios, sundecks, swimming pools and tool sheds not be located within 15 feet of the leaching bed.
 - Trees or shrubs should not be planted within 10 feet of this area.
 - Shrubs planted in the tile bed area as approved by the Ministry of Health can improve the effectiveness of the system.
 - Avoid planting shallow rooting trees such as willows and cedars near the tank or tile disposal field.

THIS IS NOT A GUARANTEE OF THE SYSTEMS WORKMANSHIP, OR THAT IT WILL CONTINUE TO FUNCTION AS DESIGNED. THE MALFUNCTION OF A SEPTIC SYSTEM SHOULD BE REPORTED PROMPTLY TO THE AGENCY RESPONSIBLE FOR PART V1 OF THE ONTARIO BUILDING CODE IN YOUR MUNICIPALITY.