

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:



1439 County Rd 8 Delta ON K0E 1G0
 Tel. (613) 928-2250 1-800-928-2250
 Fax. (613) 928-3097

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 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="margin-left: 100px;">(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> <ol style="list-style-type: none"> 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. <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Date Signature of applicant </p>			



ROLL#
PERMIT #

**SEWAGE SYSTEM DESIGN CRITERIA
CLASS 2 SYSTEM**

(Only for daily flows where Q is 1000L/day or less)

1.

State # of:	Bedrooms/Units/ Sleeping Cabins	People	Floor Area m ²	Fixture Units
Proposed				
Existing (If Applicable)				

2.

Water Supply: Proposed or Existing

Dug or bored well Drilled Well

Casing Depth _____ Water Treatment Units

Other: _____

FIXTURE UNIT COUNT

3. Please complete the following table:

Description of Fixtures	Total #	X (multiply)	Fixture Units	Total
Bathroom group (3 or 4 piece bathroom)		X	6	
Water Closet (tank toilet)		X	4	
Each sink		X	1 ½	
Bathtub or shower		X	1 ½	
Dishwasher		X	1 ½	
Clothes washing machine		X	1 ½	
Single or double laundry tub		X	1 ½	
Other		X		
Q = Total design flow				

4. Subsurface Soil Condition - To Be completed by Owner/Agent/Designer

Three test locations are required. Depth in metres to bedrock, watertable and description of soil type are to be shown for each soil profile.

0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	0.3 - 0.6 - 0.9 - 1.2 - 1.5 -
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DESIGN PERCOLATION RATE.....min/cm Native Soil Imported

5. The percolation rate shall be determined by either percolation tests (using the highest percolation time from the three tests) or by classifying the soil according to the Unified Soil Classification System.

Leaching Pit Profile	Leaching Pit Design Calculations
Water Table/Bedrock/Impervious Soil	No. of fixtures: F = _____
	Flow Rate: Q = 125 x F = _____ L/D (non pressurized water supply) Q = 200 x F = _____ L/D (pressurized water supply)
	Maximum load rate to sidewall LR = 400/T = _____ (1/day/m ²)
	Minimum side wall area = Q/LR _____ m ²



SITE PLAN: Provide the following information:

6. a) Location of sewage system components (eg. tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.
b) Lot dimensions topographic features (e.g. swamps, steep slopes) near system.

7.

APPROVAL TO CONSTRUCT

A Class ___ Sewage System under the Building Code Act with a maximum daily design flow of _____, is hereby approved for this property in the manner proposed in this Approval, its Design Information and supporting attachments, or any addendums arising out of site inspections; and provided that the System is installed and completed within 12 months of the Permit issuance date. This system shall not be operated without a signed Certificate of Completion.

Dated this __ day of _____, _____ . _____, CBO

REFUSAL: A sewage System Permit for this Application is refused for the reasons given in the application review.

Dated this __ day of _____, _____ . _____, CBO

CERTIFICATE OF COMPLETION

This will certify that this Sewage System has been completed and may be operated within the terms of its approval under the Ontario Building Code.

Dated this __ day of _____, _____ . _____, CBO