

For use by Principal Authority

Application number:	Permit number (if different):
Date received:	Roll number:

Application to be submitted to:



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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)	

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 ()	Fax ()	Cell number ()	

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 ()	

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 ()	

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

Tarion Warranty Corporation (Ontario New Home Warranty Program)

- i. **Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.** Yes No
- ii. **Is registration required under the *Ontario New Home Warranties Plan Act*?** Yes No
- iii. If yes to (ii) provide registration number(s): _____

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.

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.

Please provide the following information, as it pertains to your building permit application

MASON _____ FRAMER _____ PLUMBER _____

ELECTRICIAN _____ MECHANICAL _____

The following fee will be calculated based on the information provided I your building permit application

Building Permit Fee _____ Septic Permit Fee _____ Solid Fuel Appliance _____
 Plumbing Permit Fee _____ Occupancy Permit Fee _____ Demolition fee _____
 HVAC Fee _____ Swimming Pool Fee _____ Building Without Permit _____
 Other _____

TOTAL _____

Office Use Only:

Zoning: _____ Setbacks & Front: _____ Rear: _____ Side: _____

Exterior Side: _____

Comments:

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="text-align: center;">Date Signature of applicant</p>			

6. CLASS 4 (Leaching Bed)

Conventional: Trench Method Area Method
 If bed to be extended, the existing total distribution pipe length is _____(m).

Filter Bed: Note: If the daily design flow is over 5000L/day, Secondary treatment is required.

Shallow-Buried (tertiary treatment) Trench Type: Type/Model: _____
 System designed for effluent treatment as per Table 8.6.2.2.A of Code: Yes No
 Manufacturer's/BMEC information attached:

Unconventional: Type/Model: _____ Secondary Tertiary
 System designed for effluent treatment as per Table 8.6.2.2.A of Code: Yes No
 Manufacturer's/BMEC information attached:

Existing Tank to be used: Yes Tank Size: _____(litres) No Tank should be removed N/A

New Tank(s) to be used: Number of Tanks __.
 Effluent Filter to be installed in tank(s): Yes No Risers: Yes No

Tank 1 Volume: (in litres) _____. (minimum tank size is 3600L) **Tank 2 Volume: _____.**

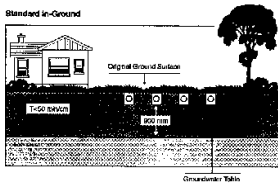
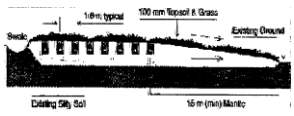
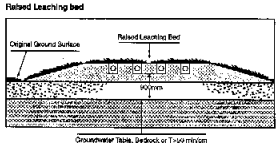
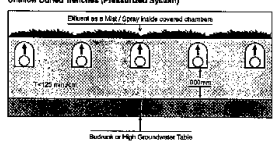
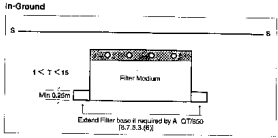
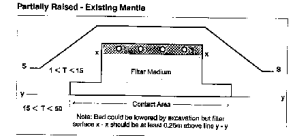
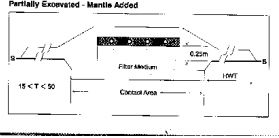
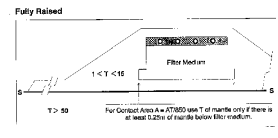
Type of Tank(s): Concrete Polyethylene Fiberglass Steel (existing only)

Header Used in Bed: **Distribution Box Used in Bed (8 or more runs):** **No. of box outlets**

Gravity Fed **or Pumped** Head __ (m). Run time _____. Horsepower _____ Volume _____

To be used to pump waste **To be used to pump effluent**

7. PROFILE THAT BEST DESCRIBES CLASS 4 SYSTEM (Check one)

CONVENTIONAL In-ground (TRENCH)	Ck	CONVENTIONAL Partially-Raised (TRENCH/AREA)	Ck	CONVENTIONAL Fully-Raised (AREA)	Ck	SHALLOW BURIED TRENCH	Ck
							
FILTER BED In-ground	Ck	FILTER BED Partially-Raised (EXISTING MANTLE)	Ck	FILTER BED Partially - Excavated	Ck	FILTER BED Fully-Raised	Ck
							
OTHER : Describe other secondary or tertiary treatment system: _____.						Information, calculations attached Yes <input type="checkbox"/> No <input type="checkbox"/>	

SITE PLAN: Provide the following information:

8. 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.

9.

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 _____, 2010. _____, CBO

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

Dated this ___ day of _____, 2010. _____, 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 _____, 2010. _____, CBO

ROLL# _____
 PERMIT # _____

HAULER'S AGREEMENT

FOR

A CLASS 5 HOLDING TANK SEWAGE SYSTEM
 (and recommended for Class 4 septic tank located on an island)

<u>Owner's Undertaking</u>	Date: _____
<p>I, _____ the undersigned, do hereby undertake to have the firm of _____ empty the contents of the holding tank(s) which services my premises, located on part of Lot _____, Concession _____, Subdivision/Plan _____, Sub Lot ____, Township of Rideau Lakes, Ward of _____.</p> <p>This services is to be provided on a routine basis AND/OR EACH TIME WHEN TANK ALARM IS ACTIVATED.</p>	
<p>_____ Signed: Owner of Property</p>	

<u>Licensed Sewage Hauler's Certificate</u>	
<p>I, _____ the undersigned sewage hauler, hereby certify that Mr./Mrs./Ms. _____ has retained me to empty the contents of the tank(s) located on part of Lot _____, Concession _____, Subdivision/Plan _____, Sub Lot _____, Township of Rideau Lakes, Ward of _____.</p> <p>This service is to be provided on a routine basis.</p>	
<p>_____ License #:</p>	<p>_____ Signed: Licensed Sewage Hauler</p>