

# Application for a Permit to Construct or Demolish

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

Class 2 - Greywater Pit

For use by Principal Authority				
Application number:		Permit number (if different):		
Date received:		Roll number:		
<p>Application submitted to: <u>Tay Valley Township</u></p> <p>(Name of municipality, upper-tier municipality, board of health or conservation authority)</p>				
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 existing building	Alteration/repair	Demolition	Conditional 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 (    )	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 (    )		



## 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 (     )	Fax number (     )	Cell number (     )			
<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): <div style="text-align: center;">(print name)</div> 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.  _____ DateSignature 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 (     )	Fax (     )	Cell number (     )	
<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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">_____</div> <div style="width: 70%;">_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Date</div> <div style="width: 70%;">Signature of applicant</div> </div>			



I, Property Owner Name, being the legal owner of the subject property (described below),  
 authorize Authorized Agent Name (contact information below) to apply for a sewage system  
 permit and the associated site inspections on my behalf. I accept responsibility to ensure that all  
 information provided for the septic system permit is true and accurate.

Signature of Legal Owner Signature of Authorized Agent Month / Day / Year Date

Subject Property Information		Authorized Agent Information	
Civic Address		Mailing Address	
Township/ Former Ward		Phone	
Roll Number		Fax	
Lot	Concession	BCIN (if applicable)	
Sublot	Plan		

**Schedule 4**  
**Proposed Services**  
 Complete Sections 1 thru 7

**1. Engineered**

- ☐ Yes  
☐ No

**2. Water supply**

- ☐ Proposed  
☐ Existing

**3. Type of work proposed**

- ☐ New Installation  
☐ Replacement  
☐ Alteration

**4. Type of Well**

- ☐ Dug/bored/Sandpoint well  
☐ Drilled well  
☐ Municipal  
☐ Other

**5. Residential Sewage Design Flow Info.**

**Bedrooms** \_\_\_\_\_  
**House (floor area)** \_\_\_\_\_ **m<sup>2</sup>**  
**People** \_\_\_\_\_  
**Total Fixture Units** \_\_\_\_\_ (Schedule 8)  
**Residential Flow** \_\_\_\_\_ **L/day**

**6. Sewage Design Flow Other Occupancies**

Design Flow \_\_\_\_\_ L/day  
 Detailed sewage flow calculations:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. Type of System**

- ☐ Treatment Unit \_\_\_\_\_  
☐ Class 2 – Leaching Pit  
☐ Class 3 – Cesspool  
☐ Class 4 – Shallow Buried Trench  
 \_\_\_\_\_  
☐ Class 4 – Trench (Schedule 9)  
     ☐ Fully raised  
     ☐ Partially raised  
     ☐ In-ground  
☐ Class 4 – Filter Media (Schedule 10)  
     ☐ Fully raised  
     ☐ Partially raised  
     ☐ In-ground

- ☐ Class 4 – BMEC Area Bed (Schedule 11)  
     ☐ Fully raised  
     ☐ Partially raised  
     ☐ In-ground  
☐ Class 4 – “Type A” Dispersal (Schedule 13)  
     ☐ Fully raised  
     ☐ Partially raised  
     ☐ In-ground  
☐ Class 4 – “Type B” Dispersal (Schedule 14)  
     ☐ Fully raised  
     ☐ Partially raised  
     ☐ In-ground  
☐ Class 5 – Holding Tank (9000L min)  
☐ Tank/TreatmentUnit/PumpChamber ONLY  
☐ Effluent Filter/Risers ONLY

## Schedule 5 Sewage System Details

Do Not Complete  
Permit # \_\_\_\_\_  
Revision # \_\_\_\_\_  
Date \_\_\_\_\_

Type of System _____ ( Schedule 4)	
Septic/Holding Tank Size: _____ Litres	Make: _____
Septic Tank Effluent Filter Make: _____	Model: _____

Treatment Unit – Make & Model \_\_\_\_\_

Number of Units:

Other: \_\_\_\_\_

Refer to Typical Drawing #

Pump(s) required \_\_\_\_\_

Mantle Information:

Pump Rate \_\_\_\_\_ L/15min

Native or imported =15m in \_\_\_\_\_ direction(s)

**Note:** Alarm required for all  
pumping systems

Slope subgrade \_\_\_\_\_ % slope  
\_\_\_\_\_ direction(s)

**Site to be Scarified (If clay) YES / NO**

**Clay Seal Required (If bedrock) YES / NO**

☐ **Trench**

Distribution Pipe Length \_\_\_\_\_ m

Loading Area \_\_\_\_\_ m<sup>2</sup>

Type of Chamber \_\_\_\_\_

Length of Chamber \_\_\_\_\_ m

☐ **Shallow Buried Trench**

Pipe Length \_\_\_\_\_ m

☐ **Filter Media Bed**

Stone \_\_\_\_\_ m<sup>2</sup>

Extended Base \_\_\_\_\_ m<sup>2</sup>

Pipe \_\_\_\_\_ m

Weight of Filter Media \_\_\_\_\_ Kg

Loading Area \_\_\_\_\_ m<sup>2</sup>

☐ **BMEC System**

☐ **Type A**

☐ **Type B**

Stone \_\_\_\_\_ m<sup>2</sup>

Sand \_\_\_\_\_ m<sup>2</sup>

Pipe \_\_\_\_\_ m

Linear Loading \_\_\_\_\_ L/m<sup>2</sup>

☐ **Tank/Treatment Unit/Pump Chamber Replacement ONLY**

☐ **Effluent Filter & Riser ONLY**

Construction Notes:

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## Schedule 6

Name of Applicant/Agent: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Applicant/Agent Signature: \_\_\_\_\_

Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Inspector Signature: \_\_\_\_\_

EG (.....)		Soil Description	T	EG (.....)		Soil Description	
.5m				.5m			
1.0 m				1.0 m			
1.5m				1.5m			
2.0 m				2.0 m			

EG (.....)	Soil Description	T	EG (.....)	Soil Description	T
.5m			.5m		
1.0 m			1.0 m		
1.5m			1.5m		
2.0 m			2.0 m		

## LEGEND

BR = Bedrock  
GWT = Ground water table

HGWT = High ground water table  
 M = metres

EG = Existing grade  
T = percolation rate



Date \_\_\_\_\_

## Schedule 7 Layout Section

Scale: 1Block = \_\_\_\_\_

This image shows a full page of graph paper. It features a uniform grid of squares. In the upper-left corner, there is a small square box containing the capital letter 'N'. The rest of the page is an empty grid.

○Dug Well ●Drilled Well ▲Neighbouring Homes ◇Benchmark ---Tile Drainage —Property Line

Elevations (metric only)

B.M. \_\_\_\_\_ m

### B.M.Description

Exact Location\_\_\_\_\_

Min. of 5 elevations in proposed system area (in X pattern)

$$X_1 \quad X_2$$

$X_3$	$X_4$
-------	-------

$X_5$   $X_6$  (toe)

X<sub>7</sub> X<sub>8</sub>

## Schedule 8 Fixture unit count

Fixtures	# Existing	+ # Proposed	X	unit count	=	Fixture Count
<b>Bathroom</b>						
Bathroom group (toilet, sink and tub <u>or</u> shower) installed in the <u>same</u> room		+	X	6	=	
Bathtub with/without overhead shower		+	X	1.5	=	
Shower stall		+	X	1.5	=	
Wash basin (SINK) (1½inch trap)		+	X	1.5	=	
Watercloset (TOILET) tank operated		+	X	4	=	
Bidet		+	X	1	=	
<b>Kitchen</b>						
Dishwasher		+	X	1	=	
Sink with/without garbage grinder(s), domestic and other small type single, double or 2 single with a common trap		+	X	1.5	=	
<b>Other</b>						
Domestic washing machine		+	X	1.5	=	
Combination sink and laundry tray single or double (Installed on 1½ trap)		+	X	1.5	=	

**\*Total:**

**\*Insert the TOTAL in section 5 of Schedule 4 (0.Reg 151/13 Table 7.4.9.3)**

1. **Sump pumps and floor drains are not to be connected to the sewage system.** Connection of such fixtures to a sewage system may lead to a hydraulic failure of the said system. The above mentioned fixtures should be discharged separately to an approved Class 2 (leaching pit) sewage system.
2. Where laundry waste is not more than 20% of the total daily design sanitary sewage flow, it may discharge to a sewage system (Part 8, OBC, 8.1.3.1(2) ).

\_\_\_\_\_  
**Agent/Owner signature**

\_\_\_\_\_  
**Date**

### SCHEDULE 13 - TYPICAL DRAWING E

Greywater Pit



PLAN

Septic Permit # \_\_\_\_\_

Date \_\_\_\_\_

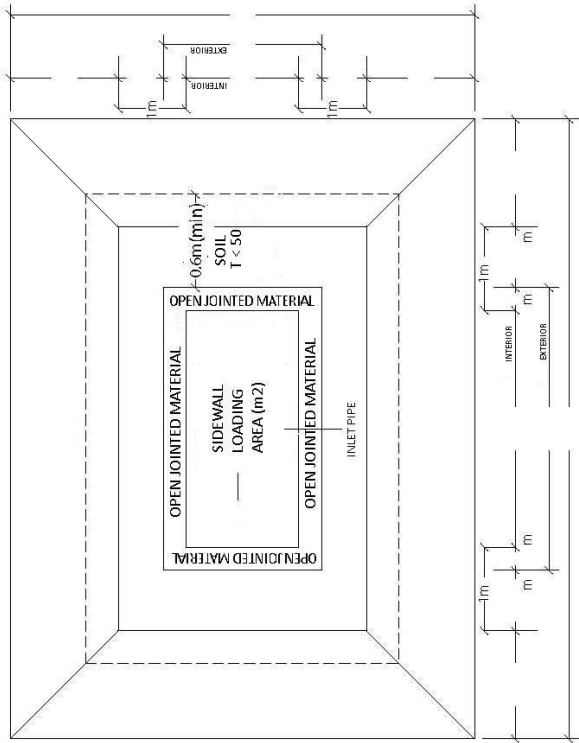
Revision \_\_\_\_\_

Applicant \_\_\_\_\_

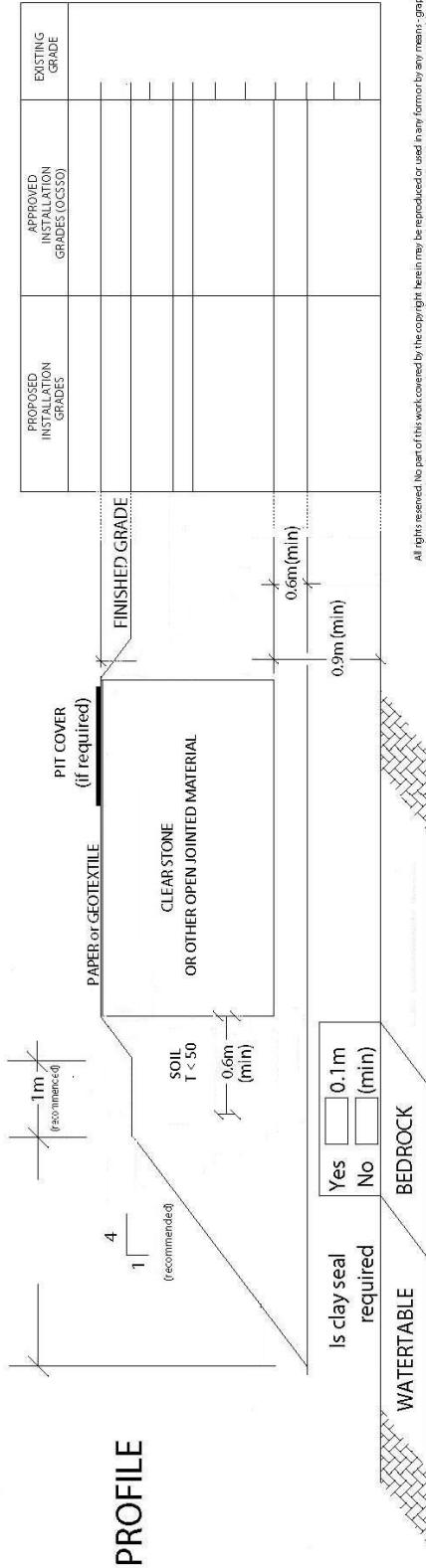
Municipality \_\_\_\_\_

Scarification required      Yes ☐ No ☐

DATE \_\_\_\_\_ MANAGER, O.S.S.O.



NOT TO SCALE



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