Application for a Permit to Construct or Demolish This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

	For use by	Principa	I Authority				
Application number:		Permit I	number (if differei	iber (if different):			
Date received:		Roll nur	mber:				
	•	-	ownship bard of health or cor	nservation authority)			
A. Project information							
Building number, street name				Unit number	Lot/con.		
Municipality	Postal code		Plan number/ot				
Project value est. \$			Area of work (m	1 ²)			
B. Purpose of application			·				
New construction Addition existing	n to an building	Altera	ation/repair	Demolition	Conditional Permit		
Proposed use of building	Curre	ent use of	fbuilding				
Description of proposed work							
C. Applicant Applicant is:	Owner or		Authorized age				
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 ()			

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Effluent Filter

E. Builder (optional)				
Last name	First name	Corporation or partners	hip (if applicable)	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	- -
Telephone number ()	Fax ()		Cell number ()	
F. Tarion Warranty Corporation (Ontario	o New Home Warrant	y Program)		
 Is proposed construction for a new hor <i>Plan Act</i>? If no, go to section G. 	ie as defined in the Onta	rio New Home Warranties	S Yes	No
ii. Is registration required under the Ontar	io New Home Warranties	s Plan Act?	Yes	No
iii. If yes to (ii) provide registration number	(s):			
G. Required Schedules				
i) Attach Schedule 1 for each individual who rev	iews and takes responsi	bility for design activities.		
ii) Attach Schedule 2 where application is to con	struct on-site, install or re	epair a sewage system.		
H. Completeness and compliance with	applicable law			
 This application meets all the requirements o Building Code (the application is made in the applicable fields have been completed on the schedules are submitted). 	correct form and by the	owner or authorized agen		No
Payment has been made of all fees that are r regulation made under clause 7(1)(c) of the <i>B</i> application is made.	equired, under the applic <i>Building Code Act, 199</i> 2,	cable by-law, resolution or to be paid when the	Yes	No
ii) This application is accompanied by the plans resolution or regulation made under clause 7			r-law, Yes	No
iii) This application is accompanied by the inform law, resolution or regulation made under clau the chief building official to determine whethe contravene any applicable law.	se 7(1)(b) of the Building	Code Act, 1992 which er	nable	No
iv) The proposed building, construction or demo	ition will not contravene a	any applicable law.	Yes	No
I. Declaration of applicant				I
			с	leclare that:
(print name)				
 The information contained in this applic documentation is true to the best of my If the owner is a corporation or partners 	knowledge.			ther attached
Date	Signature of a	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 descrip	tion	I
B. Individual who reviews and takes	s responsibili	ty for design activities		
Name		Firm		
Street address			Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax number	1	Cell number	
C. Design activities undertaken by i Division C]		-	ilding Code Tal	ble 3.5.2.1. of
House		- House	Building S	
Small Buildings		g Services	Plumbing	
Large Buildings		on, Lighting and Power		– All Buildings
Complex Buildings Description of designer's work	Fire Pro	otection	On-site Se	ewage Systems
D. Declaration of Designer	/ for the design qualified, and th	work on behalf of a firm regis e firm is registered, in the app	tered under subse	
Individual BCIN:				
Firm BCIN:				
I review and take responsibility under subsection 3.2.5.of Divi Individual BCIN:			priate category as	s an "other designer"
Basis for exemption from	registration:			
	-	on and qualification requireme		-
I certify that:				
 The information contained in this s I have submitted this application w 				
		Signature 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.
- 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 descr	ription			
B. Sewage system installer						
Is the installer of the sewage system enga emptying sewage systems, in accordance Yes (Continue to Section C)	e with Building Co		C?	ervicing, cleaning or		
		()		n (Continue to Section E)		
C. Registered installer information	n (where answ	er 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	on (where answ	ver to section B is "Yes	")			
Name of qualified supervisor(s)		Building Code Identification	n Number (BCIN)			
E. Declaration of Applicant:						
				declare that:		
(print name)						
I am the applicant for the permit shall submit a new Schedule 2				ne of application, I		
OR						
I am the holder of the permit to is known.	construct the sew	age system, and am submi	tting a new Schedule	2, now that the installer		
I certify that:						
1. The information contained in this	schedule is true	to the best of my knowledge	Э.			
2. If the owner is a corporation or p	artnership, I have	e the authority to bind the co	rporation or partners	hip.		
Date		Signature of applicant				

С Ш П	ty (described below),	y for a sewage system	sibility to ensure that all		Month / Day / Year Date	Authorized Agent Information					
Mississippirideau septic system office	eing the legal owner of the subject property (described below),	irmation below) to apply	inspections on my behalf. I accept responsibility to ensure that all	s true and accurate.	Signature of Authorized Agent	Author	Mailing Address	Phone	Fax	BCIN (If applicable)	
S E P T I C	q `	<u>jent Name</u> (contact info	d site inspections on my l	he septic system permit i	Signature of	Subject Property Information				Concession	Plan
	Property Owner Name	authorize <u>Authorized Agent Name</u> (contact information below) to apply for a sewage system	permit and the associated site i	information provided for the septic system permit is true and accurate.	Signature of Legal Owner	Subject P	Civic Address	Township/ Former Ward	Roll Number	Lot	Sublot



Schedule 4 Proposed Services Complete Sections 1 thru 7

1. Engineered	2. Water supply
The Yes	Proposed
□ No	Existing
3. Type of work proposed	4. Type of Well
□ New Installation	Dug/bored/Sandpoint well
Replacement	Drilled well
□ Alteration	Municipal
	□ Other
5. Residential Sewage Design Flow Info. Bedrooms	6. Sewage Design Flow <u>Other Occupancies</u> Design Flow L/day Detailed sewage flow calculations:
	Class 4 – BMEC Area Bed (Schedule 11)
 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 	 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
\Box Partially raised	Class 5 – Holding Tank (9000L min)
L] In-ground	Tank/TreatmentUnit/PumpChamber ONLY
	Effluent Filter/Risers ONLY



Do Not Complete
Permit #
Revision #
Date

Schedule 5 Sewage System Details

Type of System				Schedule 4
Septic/Holding Tank Size:	Litres		Make:	
Septic Tank Effluent Filter Make:		N	lodel:	
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 requir	ed for all
			pumping systems	
Slope subgrade	% slo	pe		
	direct	tion(s)		
Site to be Scarified (If clay)	YES /	NO		
Clay Seal Required (If bedrock	() YES /	NO		
□ Trench				
Distribution Pipe Length	m		Shallow Buried Trend	:h
Loading Area	m ²		Pipe Length	m
Type of Chamber				
Length of Chamber	m		Filter Media Bed	
BMEC System			Stone	m²
🗆 Туре А			Extended Base	m²
🗅 Туре В			Pipe	m
Stone	m²		Weight of Filter Media _	Kg
Sand	m²		Loading Area	m ²
Pipe	m			
Linear Loading	L/m^2			
			-	
Tank/Treatment Unit/Pump C	Chamber Re	place	ement ONLY	