

Application for a Permit to Construct or Demolish

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

Effluent Filter

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 ²)		
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.

A. Project Information					
Building number, street name				Unit no.	Lot/con.
Municipality		Postal code	Plan number/ other description		
B. Individual who reviews and takes responsibility for design activities					
Name			Firm		
Street address				Unit no.	Lot/con.
Municipality		Postal code	Province	E-mail	
Telephone number ()		Fax number ()		Cell number ()	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]					
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					
D. Declaration of Designer					
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. _____ Date _____ 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.
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

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?			
Yes (Continue to Section C)		No (Continue to Section E)	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: 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"> 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. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>_____</p> <p>Date</p> </div> <div style="width: 60%;"> <p>_____</p> <p>Signature of applicant</p> </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) _____ **m²**
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 _____ m²

Type of Chamber _____

Length of Chamber _____ m

☐ **Shallow Buried Trench**

Pipe Length _____ m

☐ **Filter Media Bed**

Stone _____ m²

Extended Base _____ m²

Pipe _____ m

Weight of Filter Media _____ Kg

Loading Area _____ m²

☐ **BMEC System**

☐ **Type A**

☐ **Type B**

Stone _____ m²

Sand _____ m²

Pipe _____ m

Linear Loading _____ L/m²

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

☐ **Effluent Filter & Riser ONLY**

Construction Notes:
