


For use by Principal Authority			
Application number:		Permit number (if different):	
Date received:		Roll number:	
Application submitted to:			
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 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]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
I _____ declare that (choose one as appropriate):			
(print name)			
<input type="checkbox"/> 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: _____			
<input type="checkbox"/> 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: _____			
<input type="checkbox"/> 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	

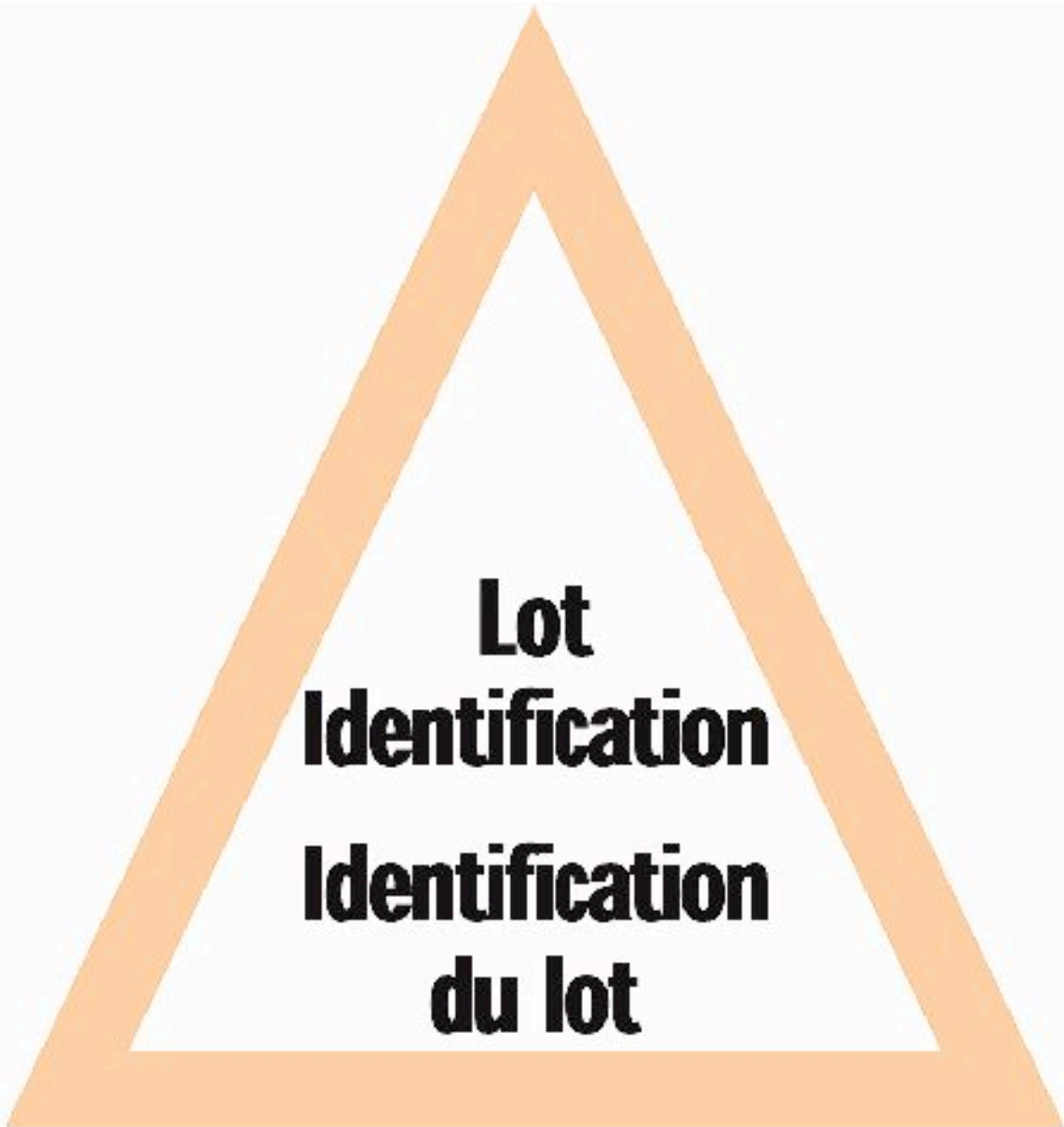
NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d) 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 authorization, 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?			
<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: 0;"> Date Signature of applicant </p>			

Schedule 3



Name

Nom

Lot No.

N^o du lot

<p>Do Not Complete Permit No _____ Revision No _____ Date _____</p>
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Schedule 4 Proposed Services

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 7)
 Residential Flow _____ L/day

6. Sewage Design Flow for 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
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – Filter Media
 - Fully raised
 - Partially raised
 - In-ground

- Class 4 – Area Bed
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – Aerobic with Trench
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – Aerobic with Filter Media
 - Fully raised
 - Partially raised
 - In-ground
- Class 5 – Holding Tank

Do Not Complete
 Permit No _____
 Revision No _____
 Date _____

**Schedule 5
Sewage System Details**

Type of System _____ (Schedule 4)

Septic/Holding Tank _____ L

Septic Tank Effluent Filter _____

Treatment Unit – Make & Model _____

Number of Units _____

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 in clay) YES / NO

Clay Seal Required (If in bedrock) YES / NO

θ Trench

Distribution Pipe Length _____ m

Loading Area _____ m²

Type of Chamber _____

Length of Chamber _____ m

θ Area Bed

Stone _____ m²

Sand _____ m²

Pipe _____ m

θ Shallow Buried Trench

Pipe Length _____ m

θ Filter Media Bed

Stone _____ m²

Extended Base _____ m²

Pipe _____ m

Weight of Filter Media _____ Kg

Loading Area _____ m²

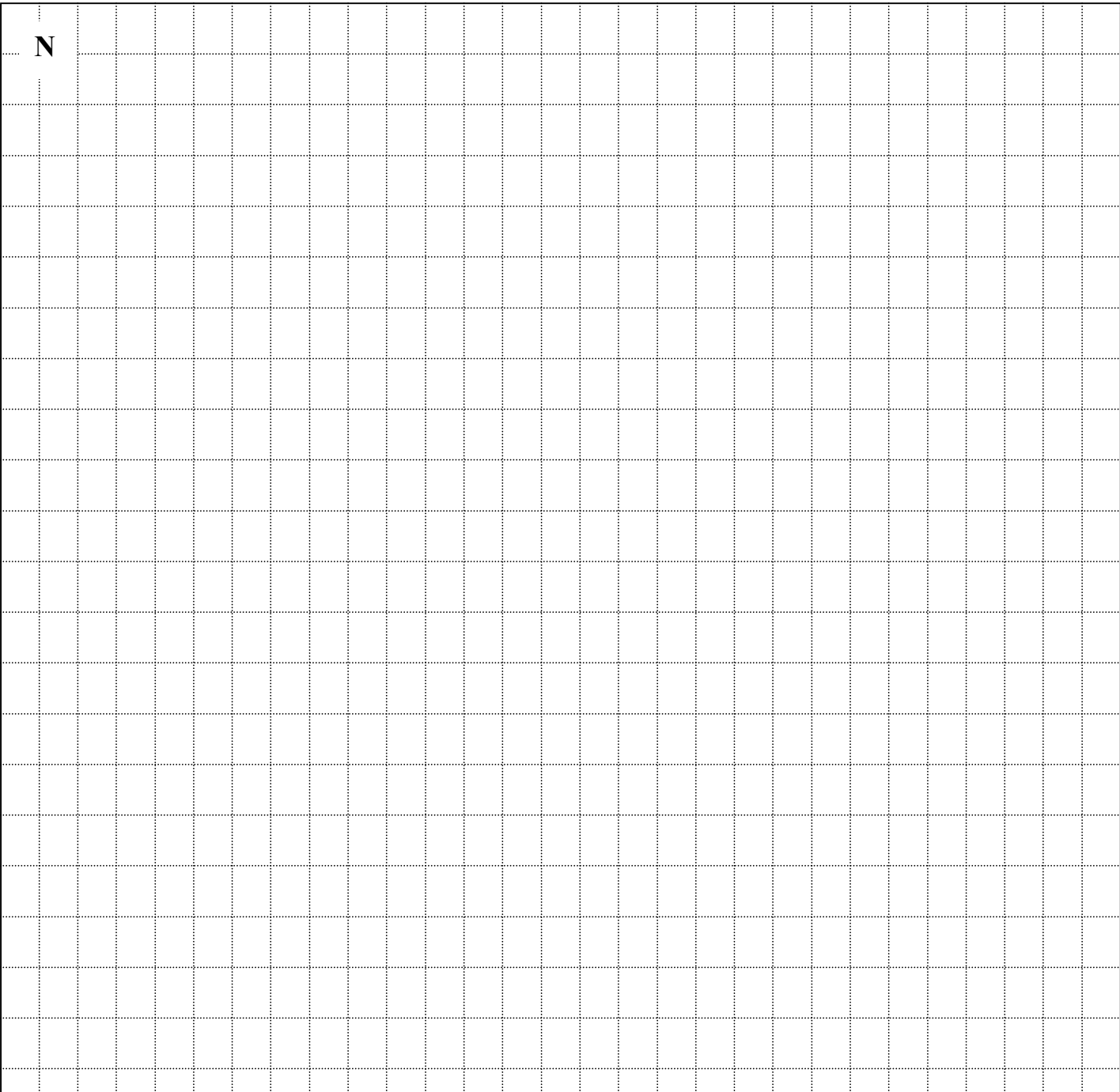
Construction Notes: _____

Do Not Complete
 Permit No _____
 Revision No _____
 Date _____

Scale: 1Block = _____

**Schedule 7
 Layout Section**

N



○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)
 X₁ _____ X₂ _____
 X₃ _____ X₄ _____
 X₅ _____ X_{6 (toe)} _____
 X₇ _____ X₈ _____

Schedule 8
Fixture unit count

Fixtures	# Existing + # Proposed X unit count = Fixture Count					
Bathroom						
Bathroom group (toilet, sink and tub or shower) with flush tank		+		X	6	=
Bathub with/without overhead shower		+		X	1.5	=
Shower stall		+		X	1.5	=
Wash basin (1½inch trap)		+		X	1.5	=
Watercloset (toilet) tank operated		+		X	4	=
Bidet		+		X	1	=
Kitchen						
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	=
Other						
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.Reb.403/97 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

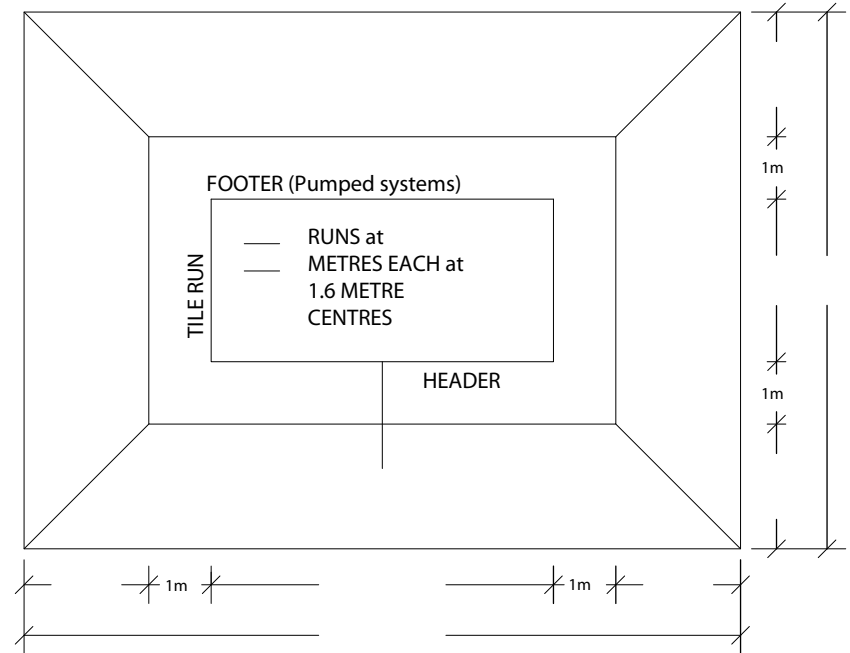
SCHEDULE 9 - TYPICAL DRAWING A
 BURIED OR RAISED TILE BED - ABSORPTION TRENCH METHOD

Septic Permit # _____
 Date _____
 Revision _____
 Applicant _____
 Municipality _____
 Scarification required Yes No

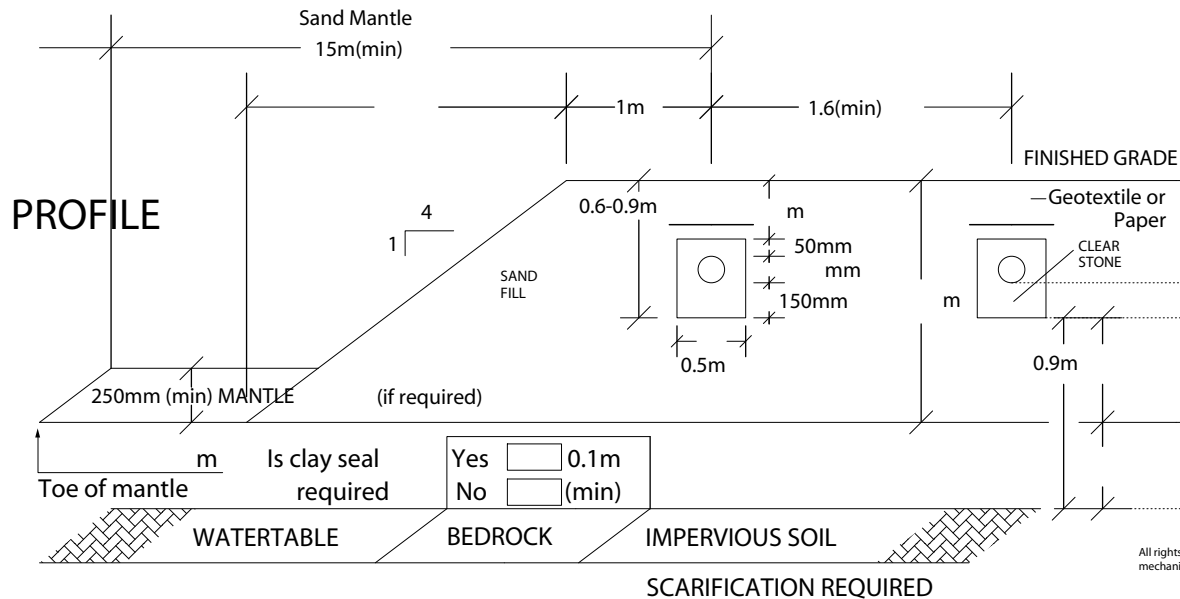
 DATE MANAGER, O.S.S.O.



PLAN
 Is mantle required:
 Yes
 No
 If Yes, in what direction _____



NOT TO SCALE



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE

SCHEDULE 10 - TYPICAL DRAWING B
BURIED OR RAISED TILE BED - FILTER MEDIA METHOD

Septic Permit # _____
 Date _____
 Revision _____
 Applicant _____
 Municipality _____
 Scarification required Yes No

 DATE MANAGER, O.S.S.O.



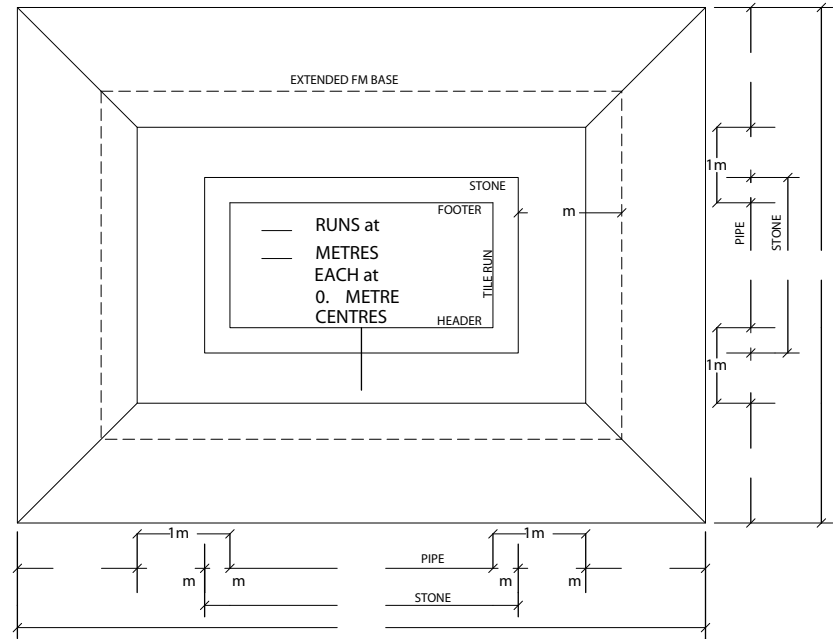
PLAN

Is mantle required:

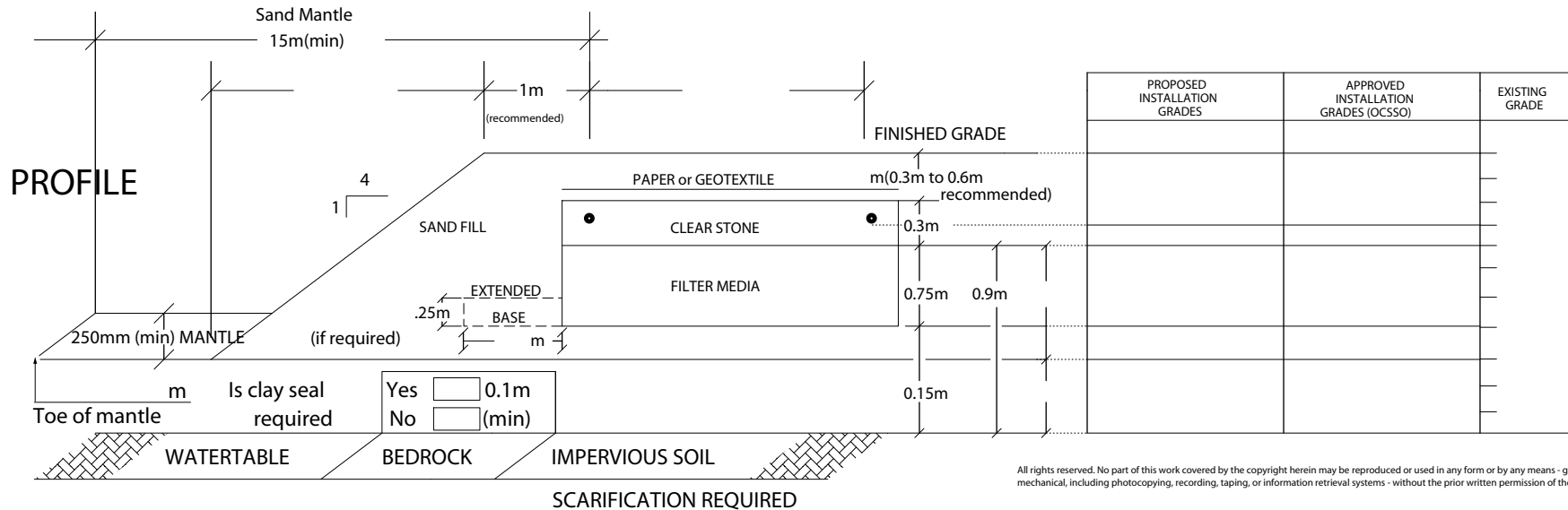
Yes

No

If Yes, in what direction _____



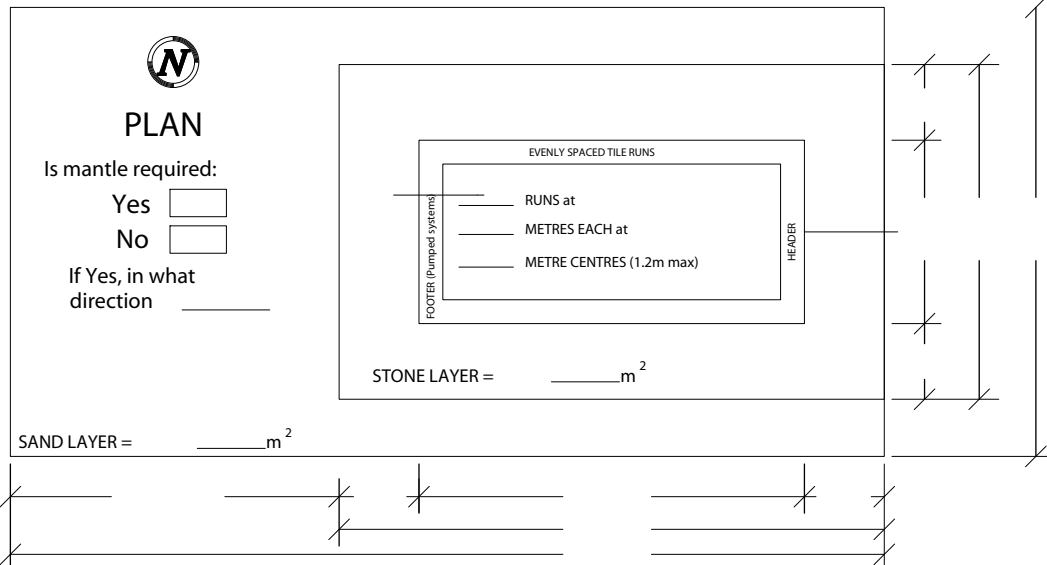
NOT TO SCALE



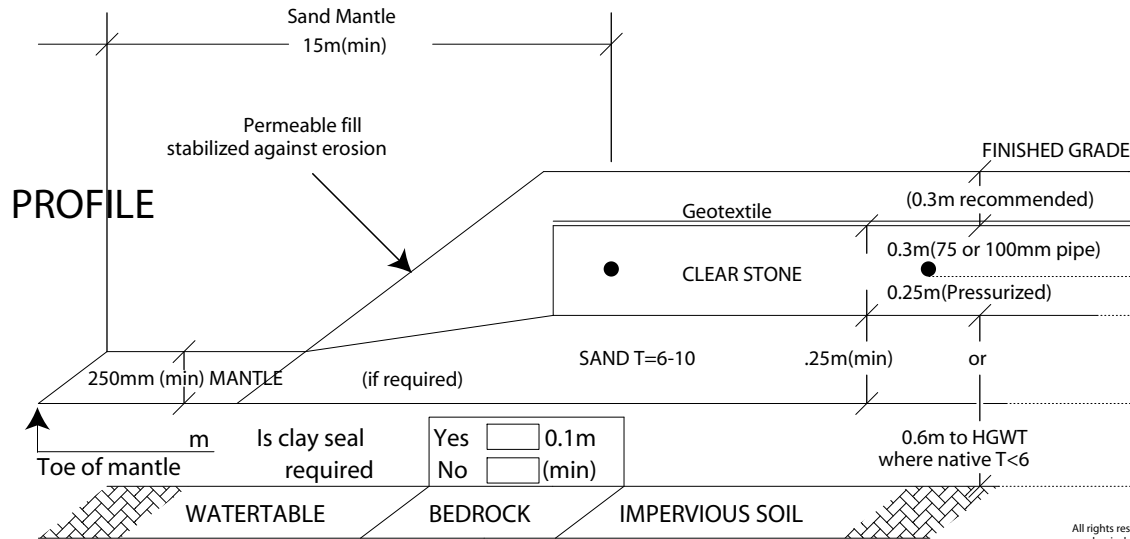
SCHEDULE 11 - TYPICAL DRAWING C
BURIED OR RAISED TILE BED - AREA BED METHOD

Septic Permit # _____
 Date _____
 Revision _____
 Applicant _____
 Municipality _____
 Scarification required Yes No

 DATE MANAGER, O.S.S.O.



NOT TO SCALE



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE

SCARIFICATION REQUIRED

