

SEPTIC

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 Principal Authority				
Application number:		Permit number (if different):		
Date received:		Roll number:		
Application submitted to: _____ (Name of municipality, upper-tier municipality, board of health or conservation authority)				
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 ()		

Application for a Permit to Construct or Demolish – Effective January 1, 2014

Issued January 1, 2014

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.		Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?		Yes	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.		Yes	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> .		Yes	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.		Yes	No
iv) The proposed building, construction or demolition will not contravene any applicable law.		Yes	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 _____	
The Applicant & Builder are Authorized Agents unless otherwise indicated.			

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 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. of 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="text-align: center;">(print name)</p> <p>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>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="text-align: center;">_____</p> <p style="text-align: center;">Date Signature of applicant</p>			



TOWNSHIP OF SEVERN

THE CORPORATION OF THE TOWNSHIP OF SEVERN

P.O. Box 159, Orillia, Ontario L3V 6J3
 Municipal Office: 1024 Hurlwood Lane
 Telephone: (705) 325-2315 Fax: (705) 327-5818
 E-mail: severn@encore.com

OFFICE USE ONLY

Permit #	
File Class	Roll No

SEWAGE SYSTEM DESIGN SPECIFICATIONS

THE PROPOSED SYSTEM WILL BE: (Refer to Part 8 of the Ontario Building Code for complete information.)

- CLASS 2 - LEACHING PIT ...LIMITED USE
- CLASS 3 - CESS POOL ... RESTRICTED USE ONLY TO RECEIVE CONTENTS OF CLASS 1
- CLASS 4 - SEWAGE DISPOSAL SYSTEM SEPTIC TANK OR TREATMENT UNIT
 INSTALLED WITH ABSORPTION TRENCH FILTER BED OTHER _____
- CLASS 5 - HOLDING TANK ... RESTRICTED TO CORRECTIVE USE AND SOME TEMPORARY OR LIMITED USES.

BUILDING AND PLUMBING SPECIFICATIONS (Include roughed-in plumbing and proposed additions)

Description	# of Units Per Fixture	Dwelling #1		Dwelling #2		Other
		# of Fixtures	Fixture Count	# of Fixtures	Fixture Count	
BATHROOM GROUP	6					
TOILET	4					
WASH BASIN	1.5					
BATHTUB OR SHOWER	1.5					
BIDET	1					
KITCHEN SINK	1.5					
WASHING MACHINE	1.5					
LAUNDRY TUB	1.5					
DISHWASHER	1.5					
OTHER						
TOTAL FIXTURE UNITS				TOTAL →		
FINISHED FLOOR AREA				TOTAL →		
NUMBER OF BEDROOMS				TOTAL →		

WATER SUPPLY EXISTING OR PROPOSED
 MUNICIPAL DRILLED WELL DUG WELL LAKE, RIVER OTHER _____

CONSTRUCTION DETAILS

DAILY FLOW RATE _____ L/Day
 T-TIME OF SOIL _____

CLASS 4 FILTER BED
 SEPTIC TANK SIZE _____ LITRES
 AREA OF FILTER BED _____ sq. m.
 LOADING AREA _____ sq. m.
 CONTACT AREA _____ sq. m.

CLASS 4 TRENCH BED
 SEPTIC TANK SIZE _____ LITRES
 MANUFACTURER _____
 TOTAL LENGTH OF DISTRIBUTION PIPE _____ METRES
 PIPE CONFIGURATION _____ RUNS _____ METRES LONG
 LOADING AREA _____ sq. m.

OTHER (PROVIDE DETAILS - i.e. TREATMENT UNITS, MANUFACTURER, ETC.) _____

TEST HOLES	#1	#2
0.0 m		
0.1 m		
0.2 m		
0.3 m		
0.4 m		
0.5 m		
0.6 m		
0.7 m		
0.8 m		
0.9 m		
1.0 m		
1.1 m		
1.2 m		
1.3 m		
1.4 m		
1.5 m		

EFFLUENT FILTER SIZE _____ MANUFACTURER _____

CLASS 5 HOLDING TANK
 HOLDING TANK SIZE _____ LITRES MANUFACTURER _____
 (HOLDING TANK SHALL HAVE A MINIMUM 7 DAY
 HOLDING CAPACITY BASED ON DAILY DESIGN FLOW)

CHANGE OF USE: This section is for additions and renovations that will not require upgrading of an existing sewage system. If upgrades are required refer to the above section of the application.

FIXTURE UNITS Existing _____ Proposed _____
 FINISHED FLOOR AREA Existing _____ Proposed _____
 BEDROOMS Existing _____ Proposed _____

THE SEWAGE SYSTEM WAS INSTALLED (Year) _____
 SEPTIC BED SIZE _____ SEPTIC TANK SIZE _____
 MANUFACTURER _____ INSTALLER _____



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OFFICE USE ONLY

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SEWAGE SYSTEM PLAN VIEW

SEWAGE SYSTEM CROSS SECTION

Please include and indicate the following information:

- All lot lines and their length
- The name of the Street or Road the property is located on
- All existing and proposed buildings on the lot
- The distance from the buildings to each lot line
- The location of the sewage system with dimensions and set back measurements
- The distance from the sewage system to existing and proposed wells
- The distance from the sewage system and buildings to lakes, streams, ponds or any other water course
- Any easements or right of ways on the property
- North direction arrow
- All utilities, above and below ground

Please include and indicate the following information:

- Distance above or below existing soil
- Distance above high water table or rock
- Slope of existing grade or proposed grade
- All required measurements of sewage system components
- High ground water table

Two test holes 5 feet deep must be dug in the area of the proposed sewage system before the Inspector is called to the Property. Test holes should be covered until inspected, then refilled.

Are test holes completed? [] YES [] NO

If NO, Please provide a date to be completed _____