

# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

## For use by Principal Authority

Application number: <b>Nº 5284</b>	Permit number (if different):
Date received:	Roll number: <b>4351</b>

## TOWNSHIP OF SEVERN

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 <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
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
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, \_\_\_\_\_ (print name) declare that:

- The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- 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.

**No 0765**

**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?			
<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)	
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	
Telephone number (     )	Fax (     )	E-mail	
		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>			
I _____ (print name) declare that:			
<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;			
<b>OR</b>			
<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.			
I certify that:			
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.			
Date		Signature of applicant	



# TOWNSHIP OF SEVERN

THE CORPORATION OF THE TOWNSHIP OF SEVERN

P.O. Box 159, Orillia, Ontario, L3V 6J3

## **AUTHORIZATION TO ACT AS AGENT FOR BUILDING/SEPTIC PERMIT(S)**

**THIS IS REQUIRED IF THE LEGAL OWNER(S) IS NOT  
PRESENT WHEN THE PERMIT IS ISSUED TO THE  
CONTRACTOR/AGENT**

**I/We** \_\_\_\_\_ (print name(s)), the legal  
owner(s) of \_\_\_\_\_ (site  
address) authorize \_\_\_\_\_ (name)  
\_\_\_\_\_ (construction  
company name or relationship) to act as my agent.

\_\_\_\_\_  
**Signature (Legal Owner #1)** \_\_\_\_\_ **Date**

\_\_\_\_\_  
**Signature (Legal Owner #2)** \_\_\_\_\_ **Date**

\_\_\_\_\_  
**Signature (Acting Agent/Contractor)** \_\_\_\_\_ **Date**

(This also applies to all registered owners named on the deed.  
If you are not sure, please check your tax bill.)



# 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@encode.com

No 00047

## OFFICE USE ONLY

Permit #	
File Class	Roll No.
File No.	
Legal Prop. Description	
Application#	

## 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 # of Fixtures Fixture Count	Dwelling #2 # of Fixtures Fixture Count	Other
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 - ie. TREATMENT UNITS, MANUFACTURER, ETC.)** 1.4 m  
\_\_\_\_\_  
\_\_\_\_\_

### 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 \_\_\_\_\_  
OTHER \_\_\_\_\_

