

| |
|------------|
| Permit # |
| Receipt # |
| Date Rec'd |



APPLICATION FORM & PROPOSAL FOR ON-SITE SEWAGE SYSTEM BUILDING PERMIT

NOTE: The property owner, applicant, designer and installer of the sewage system retain full responsibility for knowing the requirements of the Building Code Act & Ontario Building Code and ensuring that the sewage system is designed in accordance with the regulatory requirements and installed in accordance with the approved plans. By submitting this document you agree that the information provided can be shared with your local municipality and/or designer/installer and/or other persons as deemed necessary or involved in the project on the property in question.

If the listed applicant is not the property owner, please provide a **Letter of Authorization** from the registered property owner.

A guide to this application form is available from North Bay – Mattawa Conservation Authority's offices in either North Bay or Parry Sound. The guide is also available online at nbmca.ca.

Owner communication method: Mail E-mail Fax Pick Up
Installer communication method: Mail E-mail Fax Pick Up

| | |
|--|---|
| 1. Name of property owner _____ Phone no. (_____) _____ Email _____ | 2. Name of installer <input type="checkbox"/> Licensed <input type="checkbox"/> Unknown <input type="checkbox"/> Owner Install _____ Phone no. (_____) _____ Email _____ |
|--|---|

PROPERTY INFO REQUIRED: Provide a copy of a property legal document such as a property tax bill or deed

| | | | | |
|---------------------|------|---------|------|--------|
| Property Address | | | | |
| Municipality | | | | |
| Lot | Con. | Sub-lot | Plan | Parcel |
| Assessment roll no. | | | | |

Directions to lot: _____

The proposed system will be (check appropriate box):

CLASS 2: GREYWATER PIT

CLASS 3: CESSPOOL

CLASS 4: LEACHING BED/TANK Tank & bed Tank only Bed only Treatment unit

CLASS 5: HOLDING TANK

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 | |

| 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>New Home Construction Licensing Act, 2017</i> ? If no, go to section G. | | | Yes | No |
| ii. Is a licence required under the <i>New Home Construction Licensing Act, 2017</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 | | |

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] | | | |
| 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 | | | |
| <p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</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. I have submitted this application with the knowledge and consent of the firm. <p style="text-align: center;"> _____ Date Signature of Designer </p> | | | |

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 practice, a limited license to practice, 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="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> | | | |

Schedule 3: Site Evaluation Form

TEST PIT

Sub-surface conditions encountered:

| | | Applicant's Use | | Inspector's Use | |
|--|-----------|-----------------|--------|-----------------|--------|
| Indicate <u>depth</u> to bedrock, T>50, &/or ground water table (where present): | Depth (m) | Soil type | T-time | Soil type | T-time |
| Test hole(s) available for inspection: YES NO | | | | | |

Water Supply: Proposed Existing

| | | | |
|-------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Lake | <input type="checkbox"/> Drilled well | <input type="checkbox"/> Dug well | <input type="checkbox"/> Other (specify): _____ |
|-------------------------------|---------------------------------------|-----------------------------------|---|

| | |
|---|---|
| Shore road allowance owned: N/A YES NO | Municipal zoning _____ |
| Has the lot been previously severed? YES NO | Zoning approval(s) attached? YES NO |
| Lot dimensions: Frontage (m) _____ Depth (m) _____ Area (m ²) _____ | |

Inspector's Report:

| | |
|--|---|
| Date: _____ Time: _____ Weather: _____ | Suitable for in-ground installation: YES NO PARTIAL Proposed height of raised bed (m): _____ Increased setbacks required? YES NO Setback distances adhered to: YES NO |
| Person(s) in attendance | MLA existing: YES NO PARTIAL |
| Watercourses on lot: YES NO Name: _____ SRA owned: N/A YES NO | Proposal acceptable & meets OBC requirements? YES NO Acceptable with changes _____ _____ _____ |
| Applicable Law: N/A MTO HYDRO EP OTHER: _____ Increased municipal setbacks required: YES NO O.Reg. 177/06 (North Bay office only): YES NO | Inspector's signature: _____ Date: _____ |
| Slope _____ Vegetation _____ | |

Comments/concerns/additional information required:

Property address _____

Schedule 4: Design Criteria

| DESCRIPTION | DWELLING #1 | | BOATHOUSE | | SLEEPING CABIN | | Other: _____ | | # UNITS PER FIXTURE | FIXTURE UNITS |
|--|-------------|----------------|-----------|----------------|----------------|----------------|--------------|----------------|---------------------|----------------|
| | Existing | Proposed | Existing | Proposed | Existing | Proposed | Existing | Proposed | | |
| Bathroom group (toilet, sink, tub/shower) | | | | | | | | | x 6 = | |
| Additional toilet | | | | | | | | | x 4 = | |
| Bathtub or shower(*) | | | | | | | | | x 1.5 = | |
| Additional sinks(**) | | | | | | | | | x 1.5 = | |
| Kitchen sink(**) | | | | | | | | | x 1.5 = | |
| Dishwasher | | | | | | | | | x 1 = | |
| Washing machine | | | | | | | | | x 1.5 = | |
| Laundry tub | | | | | | | | | x 1.5 = | |
| Other: _____ | | | | | | | | | | |
| FIXTURE UNITS | | | | | | | | | Total: | |
| FINISHED FLOOR AREA | | m ² | | m ² | | m ² | | m ² | Total: | m ² |
| # OF BEDROOMS | | | | | | | | | Total: | |

* Tub/shower combos count as 1.5 units

** Sinks whether double or single count as 1.5 units

| DESIGN FLOW CALCULATION TABLE | | | | |
|-------------------------------|--|--|------------|-------|
| Residential Occupancy | | | Volume (L) | Flows |
| Bedroom flow (A) | 1 bedroom dwelling | | 750 | |
| | 2 bedroom dwelling | | 1100 | |
| | 3 bedroom dwelling | | 1600 | |
| | 4 bedroom dwelling | | 2000 | |
| | 5 bedroom dwelling | | 2500 | |
| Extra bedroom flow (B) | Each bedroom over 5, | | 500 | |
| Living area flow (C) | Each 10 m ² (or part thereof) over 200 m ² up to 400 m ² , | | 100 | |
| | Each 10 m ² (or part thereof) over 400 m ² up to 600 m ² , and | | 75 | |
| | Each 10 m ² (or part thereof) over 600 m ² , or | | 50 | |
| Fixture count flow (D) | Each fixture unit over 20 fixture units | | 50 | |

Daily Design Sewage Flow, Q = _____ liters/day A + (B or C or D)

OFFICE USE ONLY

_____ APPROVED _____ NOT APPROVED

DATE: _____

Property address _____

Schedule 5: Proposal to Construct

Propose to _____ a Class _____ sewage system to serve _____
(construct, install, alter, extend, enlarge, replace, etc.) (facility: e.g. single family dwelling, motel, etc.)

Is the land currently vacant? YES NO Additions / renovations proposed? YES NO

If replacing, is there a permit for the system on the property? YES NO Permit # _____

Is the existing system failing? YES NO Explain: _____

Is there more than one system on the property? YES NO Permit # _____

Will the proposed system service more than one building? YES NO List: _____

Provide **proposed** information rather than minimum requirements:

Class 2 Greywater Pit Class 3 Cesspool (For flow calculations see OBC Part 8, 8.4.1.2(2): Q cannot exceed 1000 L/D)

Type of Class 1 on site: Privy Composting Chemical Other: _____

Wall structure: Cement block Rock Wood Other: _____

Sidewall area: m² Length: m Width: m Depth: m Type of cover: _____

Septic Tank Class 5 Holding Tank Treatment Unit Digester Tank

New Use existing Size _____ Permit # _____ Level II Level III Level IV

Proposed working capacity: _____ Liters Make / Model of treatment unit: _____

T-time (min/cm): _____ Method of subsurface detection: _____ Pump required? No Effluent Raw TBD

Class 4F Filter Bed
 Number of beds: _____ Bed area: _____ m²
 Raised height (above grade): _____ m Contact Area: _____ m²

Mantle loading area: _____ m² Native Imported Length _____ m x Width _____ m

Class 4 Trench Bed
 Total length: _____ m Raised height (above grade): _____ m

Mantle loading area: _____ m² Native Imported Length _____ m x Width _____ m

Type A / B
 Stone area: _____ m² Sand area: Native (supply sieve analysis) Imported
 Sand area: _____ m² Raised height (above grade): _____ m

SBT / BNQ / BMEC /
Other (Fill accordingly)

OFFICE USE ONLY

_____ APPROVED _____ NOT APPROVED

DATE: _____

Property address _____

Schedule 6: Site Plan Diagram

| | |
|-------------------|--------------------|
| Designer on file: | Installer on file: |
|-------------------|--------------------|

PROPOSAL

DRAWING REQUIREMENTS: PLEASE CHECK (IF ATTACHING A SEPARATE DIAGRAM PLEASE ENSURE THESE ARE INDICATED)

| | |
|---|---|
| <p><input type="checkbox"/> 1 Copy of site plan submitted</p> <ul style="list-style-type: none"> <input type="checkbox"/> Property owners name and property address (civic); <input type="checkbox"/> Lot size, property dimensions, roads, existing rights-of-way, easements, or municipal/utility corridors; <input type="checkbox"/> Show and identify neighboring properties, including wells (indicate if none); <input type="checkbox"/> Show location and size of all proposed and existing sewage system components (tanks, pump chambers, alarms, distribution bed) and the test pits; <input type="checkbox"/> Show the direction of surface water flow, as well as any surface water (i.e. creek, pond, lake) on or adjacent to the property and provide the common name; <input type="checkbox"/> Indicate directions of North on the site plan; <input type="checkbox"/> Indicate distances to all utilities (i.e. telephone, HYDRO lines above and below ground); and <input type="checkbox"/> Show the distances from pipes in bed and tank to ALL buildings, structures, property lines, surface water, easements, rights-of-way, driveways and wells (including neighboring wells) | <p>PROPOSED DISTANCES (Actual, <u>not</u> minimum)</p> <p>Distribution pipe (or stone area) distances:</p> <p>to closest structure: _____ m</p> <p>to closest lot line: _____ m</p> <p>to well on lot: _____ m</p> <p>to neighboring wells: _____ m / _____ m</p> <p>to surface water: _____ m</p> <p>Septic tank/Treatment unit distances:</p> <p>to closest structure: _____ m</p> <p>to closest lot line: _____ m</p> <p>to well on lot: _____ m</p> <p>to neighboring wells: _____ m / _____ m</p> <p>to surface water: _____ m</p> |
|---|---|

| | |
|--------------------------------------|-------------|
| OFFICE USE ONLY | |
| _____ APPROVED _____ NOT APPROVED | DATE: _____ |

Property address _____

Schedule 7: Cross Sectional Diagram

Designer on file:

Installer on file:

PROPOSAL

DRAWING REQUIREMENTS: PLEASE CHECK (IF ATTACHING A SEPARATE CROSS SECTION PLEASE ENSURE THESE ARE INDICATED)

1 Copy of Cross-Sectional Diagram Submitted

- Property owners name and property address (civic);
- Depth of topsoil;
- Depth of crushed stone;
- Depth of filter medium used;
- Depth and dimensions of contact area required;
- Depth to bedrock/groundwater table;
- Depth to hardpan/soils T-time >15min/cm;
- Height above/below existing grade of ground surface;
- Show side slopes of bed/mantle;
- Existing grade/finished grade; and
- Distance between pipes.

Depth to bedrock/GWT/
hardpan/soils T-time >50: _____m

Check appropriate: Dug In Raised 3 sides open

Proposed raised height above existing grade : _____m

Existing grade: _____

Finished side slope ratio: _____

OFFICE USE ONLY

_____ APPROVED _____ NOT APPROVED

DATE: _____