

Sewage Application

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:	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. 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 ()	
C. 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 ()	
D. 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 ()	
E. 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			
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. Attachments

- i. Attach documents establishing compliance with applicable law as set out in Article 1.4.1.3. of Division A.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

H. Declaration of applicant

I _____ certify 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 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:			
I _____ declare that:			
(print name)			
<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;			
<u>OR</u>			
<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	

Schedule 2A: Sewage System Information

A. A Proposed Sewage System

IS FOR: Residential use Commercial Use

INSTALLATION IS: New Replacement Alteration Repair

Test Holes are required for all new or replacement Class 4 septic system applications; minimum size to be 3 feet (.9 meters) wide and 6 feet (1.8 meters) deep. Must be stepped or sloped.

Are Test Holes ready?
 Yes No

B. Type of Proposed Sewage System

Class 2 – Leaching Pit Class 3 - Cesspool Class 4 – Sewage System Class 5 Holding Tank

NOTE: Class 2, 3 & 5 sewage systems have limited or restricted uses.

C. Design Flow Calculations – Dwellings (separate calculations required for non-residential structures)

Record number of Plumbing Fixtures (include rough-in plumbing eg. for future basement bathroom)

Description of Fixture	Number of New/Proposed Fixtures		Fixture Units		Fixture Unit Count
Dishwasher		x	1.5	=	
Garbage grinder		x	3	=	
Hot tub/Spa		x	1.5	=	
Kitchen sink		x	1.5	=	
Laundry tub		x	1.5	=	
Toilet		x	4	=	
Tub/Shower (1 head)		x	1.5	=	
Wash basin		x	1.5	=	
Washing Machine		x	1.5	=	
Other – please specify:		x		=	
Other – please specify:		x		=	
TOTAL FIXTURE UNITS:					
TOTAL FIXTURE UNITS OVER 20:					

Additional appliances: Water Softener
 Water Filter

Does it backwash into Septic? Yes No
 Does it backwash into Septic? Yes No

Record finished floor area (in square meters) for the following:

1 st Floor	2 nd Floor	3 rd Floor	Loft	Walkout	TOTAL

Record number of separate dwelling units:

D. Design Flow Calculations for Dwellings (separate calculation required for non-residential structures)

Where:

A = Bedroom Flow (1-5 bedrooms); B= Bedroom Flow (over 5 bedrooms), C = Living Area Flow, D = Fixture Units over 50.

Bedroom Flow (A)	Select Number of Bedrooms	Volume (Litres)	Total Flow	
	<input type="checkbox"/> 1 Bedroom		750	=
<input type="checkbox"/> 2 Bedrooms		1100	=	
<input type="checkbox"/> 3 Bedrooms		1600	=	
<input type="checkbox"/> 4 Bedrooms		2000	=	
<input type="checkbox"/> 5 Bedrooms		2500	=	
TOTAL (A)				

Bedroom Flow (B)	>5 Bedrooms	Number of bedrooms >5	Volume (Litres)	Total Flow	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		x	500 (each)	=
TOTAL (B)					

Living Area Flow (C)	Size of Living Area	# of Increments of 10m2 over living area		Volume (Litres)	Total Flow	
	<input type="checkbox"/> 0 - 200 M2			x	0	=
<input type="checkbox"/> 201 - 400 M2			x	100	=	
<input type="checkbox"/> 401 - 600 M2			x	75	=	
<input type="checkbox"/> > 600 M2			x	50	=	
TOTAL (C)						

Fixture Units (D)	Number of Fixture Units over 20 (from pg. 5)	=		x	50 L/Fixture Unit	Total Flow	
	TOTAL (D)						

E. Design Flow (Number of Litres per day)

Q = A + (the highest of) B or C or D

$$Q = \underline{\hspace{2cm}} A + \underline{\hspace{2cm}} (B \text{ or } C \text{ or } D)$$

Q = _____ Litres/day

F. Septic Tank Size (Working Capacity) For Class 4 System Existing Replacement

		Proposed/Existing Working Capacity
<input type="checkbox"/> Residential (3600L) Minimum	2 x Q	_____ Litres
<input type="checkbox"/> Non-Residential (3600L) Minimum	3 x Q	

G. Other Treatment Unit Tertiary Secondary

Manufacturer	Model	BMEC (Attach to Application)

Schedule 2B: Class 4 Sewage System Calculations

A. Absorption Trench

In-ground Raised Partially Raised

L = Length of Distribution Pipe (in metres)

Q = Daily Design Flow (in litres)

T = Percolation Time of underlying soil

8.7.3.1(2)

$$L = \frac{\quad}{Q} \times \frac{\quad}{T} /200$$

$$L = \frac{\quad}{\quad}$$

NOTE:

OR

8.7.3.1(3) With Treatment Unit or Permitted by Proprietary Products

$$L = \frac{QT}{300}$$

$$L = \frac{\quad}{Q} \times \frac{\quad}{T} /300$$

$$L = \frac{\quad}{\quad}$$

NOTE:

B. Filter Bed

In-ground Raised Partially Raised

L = Length of Distribution Pipe (in metres)

Q = Daily Design Flow (in litres)

T = Percolation Time of underlying soil

EFFECTIVE SURFACE AREA

i) If Q < 3000 litres/day

$$A = Q/75$$

$$A = \frac{\quad}{75} \quad \text{OR}$$

$$A = \frac{\quad}{\quad} \text{m}^2$$

ii) If Q > 3000 litres/day

$$A = Q/50$$

$$A = \frac{\quad}{50}$$

$$A = \frac{\quad}{\quad} \text{m}^2$$

If Area "A" of effective surface area is greater than 50 m2:

How many cells are to be installed? _____

What is the size of each cell? _____

FILTER MEDIUM BASE AREA

$$A = QT/850$$

$$A = \frac{\quad}{\quad} \times \frac{\quad}{850}$$

$$A = \frac{\quad}{\quad} \text{m}^2$$

Schedule 2C: Soil Design Criteria and Site Evaluation

A. Percolation Rate of Design Soil (T)

Percolation Rate of Design Soil	Percolation Rate of Mantle Sand	SEE:
T = _____ min/cm	T = _____ min/cm	<input type="checkbox"/> Laboratory Analysis
Soil is: <input type="checkbox"/> Native <input type="checkbox"/> Imported	Soil is: <input type="checkbox"/> Native <input type="checkbox"/> Imported	<input type="checkbox"/> Lab Report Attached

NOTE: The MUNICIPALITY will require documentation by a certified soil technician on proposed imported soils to confirm the percolation rate ("T"-time), or the suitability of filter sand or imported fill.

A Dose Pump is required if total distribution pipe is 150m or more.

Dose Pump required? Yes No

L = Total Length of distribution pipe in the leaching bed

V = Effluent volume (in litres) pumped.

3" diameter distribution pipe V = 3.3 x L = _____

4" diameter distribution pipe V = 5.9 x L = _____

B. Site Plan

PROVIDE THE FOLLOWING INFORMATION:

- ✓ Locate and show horizontal distance from sewage system to all proposed or existing structures, driveway, property lines, swimming pools
- ✓ Locate and show clearance to all wells (including those on adjacent properties)
- ✓ Water courses (eg. lakes, rivers etc.)
- ✓ Swales, slopes and changes in grad
- ✓ North (facing) arrow
- ✓ Tank and pump chamber sizes (in litres)
- ✓ Base, contact and loading areas (in square meters)
- ✓ Length of distribution pipe (in metres)

Please use the attached template.

Site Plan Requirements

Site plans are a requirement for most construction and demolition permits. Exemptions may include projects such as an interior renovation where square footage is not added or removed. Please contact building department to verify.

Applicants may use the form included in this document, or alternatively use other methods such as GIS Mapping software or registered plan of surveys. Please note, that the building official may require further information such as a registered survey of the property or drainage plan. Contact building official to verify.

Property lines must be identified on site for first inspection.

The following must be indicated on the site plan. See example of a site plan included in this document:

- Property lines.
- Name of adjacent street(s)
- Properties civic address and/or legal description
- Location of all water bodies, water courses, etc.
- Location of existing buildings and proposed building locations on the lot
- Location of sewage system or proposed sewage system (tank and bed)
- Location of well
- Location of driveway
- Location of shoreline road allowances, as applicable
- Location of R.O.W.s, easements, etc
- If property is located on municipal services, indicate water/sewer lines on property
- Specify distances to hydro wires, sewage systems (tank and bed), waterways (lake, creek, river, etc), property lines (front, rear, side), private wells, R.O.W.S., easements, other structures on property, etc.

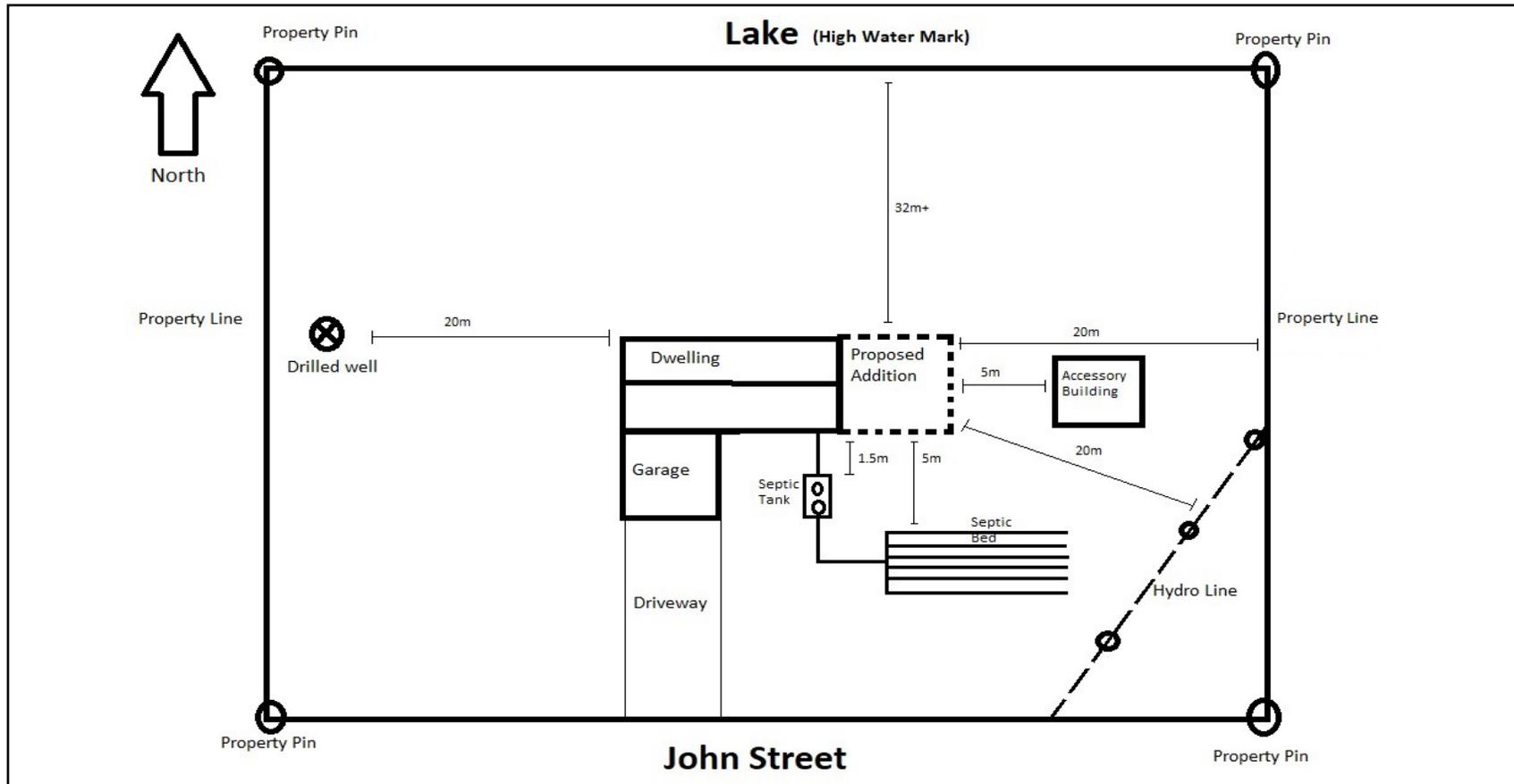
[Empty rectangular box for application details]

THE ACCURACY OF THE INFORMATION ON THIS FORM IS THE RESPONSIBILITY OF THE APPLICANT AND IS HEREBY MADE PART OF THIS APPLICATION. I HEREBY VERIFY THAT THE INFORMATION APPEARING ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY.

PROPERTY ADDRESS: _____ OWNER(S) OR AUTHORIZED AGENT NAME: _____

DATE: _____ OWNER(S) OR AUTHORIZED SIGNATURE _____

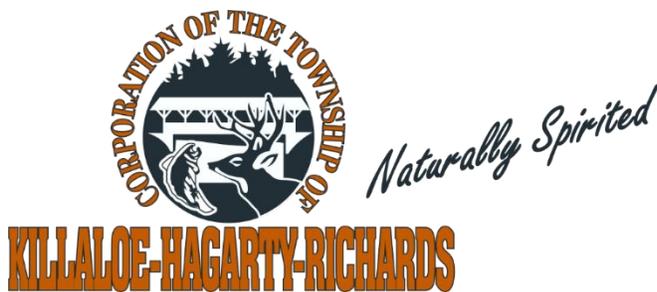
SITE PLAN EXAMPLE – DWELLING ADDITION



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PROPERTY ADDRESS: _____ OWNER(S) OR AUTHORIZED AGENT NAME: _____

DATE: _____ OWNER(S) OR AUTHORIZED SIGNATURE _____



1 John St., P.O. Box 39
 Killaloe ON K0J 2A0
 Telephone: 613-757-2300 Fax: 613-757-3634
 Email: info@khrtownship.ca
 Website: www.killaloe-hagarty-richards.ca

Building Permit Deposit Release Form

It is the sole responsibility of the building permit holder to request the required prescribed inspections from the Chief Building Official throughout the duration of the project. The Township of Killaloe, Hagarty & Richards is taking steps to ensure building permits are finalized by the Chief Building Official by requesting an additional **\$100.00** deposit on top of the required building permit fee. This fee is returnable upon the successful finalization of the permit by the Chief Building Official.

If an inspection has not been requested within 12 months of the previous inspection, the building permit may then be considered expired, revoked, or abandoned and the deposit may be retained by the municipality.

I, (Print Name) _____, as the permit holder of a building permit, understand it is my sole responsibility to request all prescribed inspections, including finalization/occupancy, for the purposes of a building permit.

Signature of Permit Holder:	Date:
Permit Paid By:	
Deposit Paid By:	

For Principal Authority Only:

Permit No:	Roll Number:
Address:	Project Finalization Date:
CBO Signature:	
Deposit Refunded to :	Date :