

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

OTTAWA SEPTIC SYSTEM OFFICE

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 <small>Check ONE that applies:</small>				
Replace SEPTIC TANK	Y N	If OTHER, please describe here: _____ _____ _____		
Replace TREATMENT UNIT	Y N			
Replace PUMP CHAMBER	Y N			

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)			
	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 ()	

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		

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 style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">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 style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="padding-left: 40px;">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; margin-top: 20px;">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 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?			
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="margin-left: 40px;">(print name)</p> <p style="margin-left: 40px;">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 style="margin-left: 40px;">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-left: 40px;">Date</p> <p style="margin-left: 200px;">Signature of applicant</p>			



Do Not Complete Permit No _____ Revision No _____ Date _____

**Schedule 4
Proposed Services
Complete Sections 1 thru 7**

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 8)
Residential Flow _____ **L/day**

6. Sewage Design Flow 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 (Schedule 9)
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – Filter Media (Schedule 10)
 - Fully raised
 - Partially raised
 - In-ground

- Class 4 – BMEC Area Bed (Schedule 11)
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – “Type A” Dispersal (Schedule 13)
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – “Type B” Dispersal (Schedule 14)
 - Fully raised
 - Partially raised
 - In-ground
- Class 5 – Holding Tank (9000L min)
- Tank/TreatmentUnit/PumpChamber ONLY
- Effluent Filter/Risers ONLY



Do Not Complete
 Permit No _____
 Revision No _____
 Date _____

Schedule 5 Sewage System Details

Type of System _____ (Schedule 4)
 Septic/Holding Tank Size: _____ Litres Make: _____
 Septic Tank Effluent Filter Make: _____ Model: _____

Treatment Unit – Make & Model _____

Number of Units:

Other: _____

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 clay) YES / NO
 Clay Seal Required (If bedrock) YES / NO

Trench

Distribution Pipe Length _____ m

Shallow Buried Trench

Loading Area _____ m²

Pipe Length _____ m

Type of Chamber _____

Length of Chamber _____ m

Filter Media Bed

BMEC Area Bed

Stone _____ m²

Type A

Extended Base _____ m²

Type B

Pipe _____ m

Stone _____ m²

Weight of Filter Media _____ Kg

Sand _____ m²

Loading Area _____ m²

Pipe _____ m

Linear Loading _____ L/m²

Tank/Treatment Unit/Pump Chamber Replacement ONLY

Effluent Filter & Riser ONLY

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 _____



Do Not Complete
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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	=	
Bathtub 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 (O.Reg 151/13 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