Component Replacement ONLY

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	Principa	I Authority					
Application number:		Permit r	number (if differer	nt):				
Date received:		Roll nur	mber:					
Application submitted to:(Name of municipal			SYSTEM O					
A. Project information					T			
Building number, street name					Unit number	Lot/con.		
Municipality	Postal code		Plan number/ot		cription			
Project value est. \$			Area of work (m	า^์)				
B. Purpose of application								
New construction Addition existing	building	Altera	Conditional Permit					
Proposed use of building	Curre	ent use of	building					
Description of proposed work Replace SEPTIC TANK Replace TREATMENT UNIT Replace PUMP CHAMBER Y N If OTHER, please describe here: Y N W N W N W N W N W N W N W N								
C. Applicant Applicant is:	Owner or		Authorized age	nt of ov	vner			
Last name	First name		Corporation or p					
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 p	partners	hip			
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

OSSO version June 2014

E. Builder (optional)											
Last name	First name	Corporation or partnersh	nip (if applicat	ole)							
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</i> Yes No Plan Act? If no, go to section G.											
ii. Is registration required under the Ontar	io New Home Warrantie	es Plan Act?	Yes	No							
				l							
iii. If yes to (ii) provide registration number	(s):										
G. Required Schedules											
i) Attach Schedule 1 for each individual who rev	iews and takes respons	sibility for design activities.									
ii) Attach Schedule 2 where application is to cons	struct on-site, install or	repair a sewage system.									
H. Completeness and compliance with a	applicable law										
i) This application meets all the requirements of	clauses 1.3.1.3 (5) (a)	to (d) of Division C of the	Yes	No							
Building Code (the application is made in the			t, all								
applicable fields have been completed on the schedules are submitted).	application and require	ed schedules, and all requir	ed								
Payment has been made of all fees that are r	equired, under the app	licable by-law, resolution or		NI							
regulation made under clause 7(1)(c) of the E			Yes	No							
application is made.											
 This application is accompanied by the plans resolution or regulation made under clause 7 	(1)(b) of the Building Co	ode Act, 1992.		No							
iii) This application is accompanied by the inform				No							
law, resolution or regulation made under clau the chief building official to determine whethe											
contravene any applicable law.	r the proposed building	, conditional or demonstration	*****								
iv) The proposed building, construction or demol	ition will not contravene	e any applicable law.	Yes	No							
I. Declaration of applicant											
1				_declare that:							
(print name)											
1 The information contained in this contin	ation, attached schedul	les attached plans and and	ocifications or	nd other attached							
 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 o	f applicant									
	- 3	• •									

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 Plan number/ other description Postal code 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 Declaration of Designer declare that (choose one as appropriate): (print name) 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. Individual BCIN: Firm BCIN: 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. Individual BCIN: Basis for exemption from registration: The design work is exempt from the registration and qualification requirements of the Building Code. Basis for exemption from registration and qualification: I certify that: 1. The information contained in this schedule is true to the best of my knowledge.

NOTE:

Date

- 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.
- 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.

Signature of Designer

2. I have submitted this application with the knowledge and consent of the firm.

Schedule 2: Sewage System Installer Information

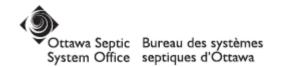
A. Project Information										
Building number, street name		Unit number	Lot/con.							
Municipality	icipality Postal code Plan number/ other description									
B. Sewage system installer										
Is the installer of the sewage system engaged in the business of constructing on-site, installing, 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:										
1				declare that:						
(print name)										
I am the applicant for the permit shall submit a new Schedule 2				e of application, I						
<u>OR</u>										
I am the holder of the permit to is known.	construct the sew	age system, and am submit	ting a new Schedule	2, now that the installer						
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 p	artnership, I have	the authority to bind the cor	poration or partnersl	nip.						
Date		Signature of applicant								



Schedule 4 Proposed Services Complete Sections 1 thru 7

Do Not Complete
Permit No
Revision No
Date

1. Engineered	2. Water supply								
☐ Yes	☐ Proposed								
□ No	☐ Existing								
3. Type of work proposed New Installation	4. Type of Well								
Replacement Alteration	☐ Dug/bored/Sandpoint well☐ Drilled well☐ Municipal☐ Other								
5. Residential Sewage Design Flow Info. Bedrooms m² House (floor area) m² People (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)	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 In-ground In-ground In-ground In-ground In-ground								
☐ Fully raised ☐ Partially raised ☐ In-ground	☐ Class 5 – Holding Tank (9000L min) ☐ Tank/TreatmentUnit/PumpChamber ONLY ☐ Effluent Filter/Risers ONLY								



Schedule 5 Sewage System Details

Do Not Complete
Permit No
Revision No
Date

Type of System				(Schedule 4)
Septic/Holding Tank Size:	Litres]	Make:	
Septic Tank Effluent Filter Make:		1	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 req	uired for all
			pumping system	.S
Slope subgrade	% slo	pe		
	direct	tion(s)		
Site to be Scarified (If clay)	YES / NO			
Clay Seal Required (If bedrock)	YES / NO			
☐ Trench				
Distribution Pipe Length	m		Shallow Buried Tren	ıch
Loading Area	m ²		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 Medi	a Kg
Sand	m²		Loading Area	m ²
Pipe	m			
Linear Loading	$_{\text{L/m}^2}$			
☐ Tank/Treatment Unit/Pump C		aceme	nt ONLY	
☐ Effluent Filter & Riser ONLY Construction Notes:				



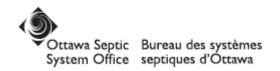
Do Not Complete
Permit No
Revision No
Date

Scale: 1Block = _____ Schedule 7 Layout Section

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Elevations (metric only) B.M m B.M Description										Min. of 5 elevations in proposed system area (in X pattern) $ \begin{array}{ccccccccccccccccccccccccccccccccccc$																		
Ex	Exact Location												$X_{5_{-}}$ X_{7}						X_{6} (X_{8}	toe) _								



Do Not Complete
Permit No
Revision No
Date

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	Ш	
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	=	

*Insert the TOTAL in section 5 of Schedule 4 (0.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

*Total: