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 *Ontario New Home Warranties Plan Act*? If no, go to section G.	Yes	No
ii. Is registration required under the *Ontario New Home Warranties Plan Act*?	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).	Yes ☐	No ☐
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 *Building Code Act, 1992*, 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 *Building Code Act, 1992.*	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 *Building Code Act, 1992* 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

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

Date _____ Signature of Designer _____

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.

TOWNSHIP OF TAY

Building Services Division
450 Park Street, P.O. Box 100, Victoria Harbour, ON L0K 2A0
Phone (705) 534-7248 Fax (705) 534-4493

AUTHORIZATION FOR AN APPLICATION

FOR A BUILDING PERMIT

BY A PERSON OTHER THAN THE LEGAL OWNER

I _____ , being the legal owner of the

subject property located at _____

in the Township of Tay, hereby authorize _____

to apply for a building permit for work to be done on this property.

_____ _____

Date **Signature of Legal Owner**

Personal information contained on this form/document/application is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy* legislation and will be used for the purpose for which it was collected. Questions about this collection should be directed to the Clerk of the Township of Tay.

Permit #:

Schedule 2: Sewage System Installer Information

A. Project information

Building number, street name		Unit number	Lot/con.
City/Town (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 install information (where answer to B is "Yes')

Name			BCIN	
Street Address			Unit number	Lot/con.
City/Town (Municipality)	Province	Postal Code	E-mail	
Telephone number (include area code) Ext.	Fax (include area code)		Cell number (include area code)	

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)

☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of applicaton, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

☐ 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

Permit #:

Schedule 2A: Sewage System Information

A. Proposed sewage system

System is for: ☐ Residential Use ☐ Commercial or Industrial or Agricultural Use

The installation is: ☐ New ☐ Replacement ☐ Alteration ☐ Repair

Test Holes are generally 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 - single dwelling units (separate calculations required for multi-residential and non-residential structures)

Record number of plumbing fixtures in chart below (include rough-in plumbing, eg. for future basement bathroom)

Description of Fixture	Number of new/ proposed bath-rooms/fixtures	x	Fixture Units	=	Fixture Unit Count	Notes
bathroom **group** eg. 1 ea toilet, sink, bathtub/1-head shower **or**		x	6	=	0	
Separately as: lavatory/bathroom sink		x	1.5	=	0	
toilet		x	4	=	0	
Tub or 1-head shower		x	1.5	=	0	
bidet		x	1	=	0	
dishwasher		x	1	=	0	
laundry tub		x	1.5	=	0	
sink, bar sink or kitchen sink (ea)		x	1.5	=	0	
washing machine		x	1.5	=	0	
Other - specify:		x		=	0	
				Total Fixture Units:	**0**	
				Total Fixture Units over 20:	**0**	

Additional appliances (check as applicable):

☐ Water softener Does it backwash into septic? ☐ Yes ☐ No

☐ Water Filter Does it backwash into septic? ☐ Yes ☐ No

Record finished floor area - in square meters - for the following:

1st Floor	2nd Floor	3rd Floor	Loft	Other ? please identify:	Other - M^2	Total
						0

Will this septic system serve more than one dwelling unit? (eg. basement apt, granny flat etc.) ☐ Yes ☐ No

If "Yes", contact Building Department, if "No", proceed to Section D.

Permit #:

Schedule 2A: Sewage System Information

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 (in litres)		Total Flow
	☐ 1 Bedroom	750	=	
	☐ 2 Bedrooms	1100	=	
	☐ 3 Bedrooms	1600	=	
	☐ 4 Bedrooms	2000	=	
	☐ 5 Bedrooms	2500	=	
			TOTAL (A)	0

Bedroom Flow (B)	>5 Bedrooms?	# of bedrooms >5		Volume (in litres)		Total Flow
	☐ Yes ☐ No		x	500 (each)	=	0
					TOTAL (B)	0

Living Area Flow(C)	Size of Living Area (in m2)	number of 10m2-increments over living area		Volume (in litres)		Total Flow
	☐ 0 - 200 m2		x	0	=	0
	☐ 201 - 400 m2		x	100	=	0
	☐ 401 - 600 m2		x	75	=	0
	☐ > 600 m2		x	50	=	0
					TOTAL (C)	0

Fixture Units (D)	Number of fixture units over 20 (from pg. 5)	=		x	50 litres/ fixture unit	=	Total Flow
			0				0
						TOTAL (D)	0

E. Design Flow (Number of litres per day - insert totals for A *and* B or C or D from Section D (above).

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

Q = 0 (A) **+** 0 (B **or** C **or** D)

Q = **0** **Litres per day**

F. Septic Tank Size (working capacity) for Class 4 System ☐ New ☐ Existing ☐ Replacement

						Proposed/Existing Working Capacity
☐	Residential (3600L) minimum	2	x	Q	(from Section E)	
☐	Non-Residential (3600L) minimum	3	x	Q	(from Section E)	

G. Classification of Treatment Unit: II ☐ III ☐ IV ☐

Manufacturer	Model	Attach to application
		☐ MMAH SB-5 ☐ CAN/BNQ 3680-600

Permit #:

Schedule 2B: 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	☐ Laboratory Analysis
Soil is: ☐ Native ☐ Imported	Soil is: ☐ Native ☐ Imported	☐ Laboratory Report Attached

B. Percolation Rate and Classification of Native Soil

☐ Laboratory Analysis (report attached) ☐ Test on site (Test Hole) ☐ Estimated (Unified System)

Test Hole #1		
Soil Description	**Depth (in meters)**	**Township Confirmation**
eg. Topsoil	0m - .3m	

Test Hole #2		
Soil Description	**Depth (in meters)**	**Township Confirmation**
eg. Topsoil	0m - .28m	

Depth to groundwater (or T>50) _____

Notes:

Depth to groundwater (or T>50) _____

Notes:

ESTIMATED PERCOLATION RATE OF NATIVE SOIL (for example only)				
✓	**T-time (in min/cm)**	**Visual Appearance**	**Soil Type (Unified Soil Classification System)**	
☐	4 - 12	silty gravels, gravel-sand-silt	GM	Permeable to medium permeable, depending on amount of silt
☐	12 - 50	clay-like gravel, gravel-sand-clay mixtures	**GC**	Important to estimate amount of silt and clay
☐	2 - 12	gravel, sand mix, minimal fine	**SW**	Medium permeability
☐	2 - 8	gravelly sand, uniform, minimal fine	**SP**	Medium permeability
☐	8 - 20	silty sand/loam mix	SM	Medium to low permeability
☐	12 - 50	clay-like sand/silty loam mix	**SC**	Medium to low mermeability depending on amount of clay
☐	20 - 50	inorganic silts/clay-like silts	ML	Medium to low permeability

NOTE: Filter bed can only be installed in the ground when "T" time of native soil does not exceed 15 min/cm. 8.7.4.2.(2)

C. Water Supply for Lot

☐ Water supply is existing

Proposed supply is:

☐ Drilled Well ☐ Dug Well ☐ Other, please specify: _____

Are other wells located within 30 m of proposed septic tank/distribution pipe? ☐ Yes ☐ No

If yes, be sure to include on Site Plan.

Permit #:

Schedule 2C: Class 4 Sewage System Calculations

A: Absorption Trench

☐ In-ground ☐ Raised ☐ Partially Raised

L = Length of distribution pipe (in meters)

Q = Daily design flow (in litres)

T = Percolation Time of underlying soil

8.7.3.1(2)

L = QT/200

L = 0 (Q) x 0 (T) ÷ 200

L = **0.0** m

Notes:

OR

8.7.3.1(3) With treatment unit as described in Table 8.6.2.2.

L = QT/300

L = 0 (Q) x 0 (T) ÷ 300

L = **0.0** m

Notes:

B. Filter Bed

☐ In-ground ☐ Raised ☐ Partially Raised

Q = Daily design flow (in litres)

T = Percolation Time of underlying soil

A = Area (in square meters)

Effective Surface Area:

i) If Q ≤ 3000 litres/day

A = Q/75

A = 0 (Q) ÷ 75

A = **0.0** m2

ii) If Q **>** 3000 litres/day

A = Q/50

A = 0 (Q) ÷ 50

A = **0.0** m2

iii) Where level II, III, IV treatment unit used as described in Table 8.6.2.2.

A = Q/100

A = 0 (Q) ÷ 100

A = **0.0** m2

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 = 0 (Q) x 0 (T) ÷ 850

A = **0.0** m2

Permit #:

Schedule 2C: Class 4 Sewage System Calculations - continued

C. Loading Rate (fill area) from Table 8.7.4.1 of the Building Code (if applicable)

Loading Rates (LR) for
Fill-based/Absorption Trenches and Filter Beds

	Percolation Time of Soil (T) Min/cm	Loading Rate (LR) (L/m2)/per day
☐	between 1 and 20	10
☐	between 20 and 35	8
☐	between 35 and 50	6
☐	greater than 50	4

Loading Area (in m2) = Q/LR

LA = 0 (Q) ÷ 10 (LR)

LA = **0.0** m2

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.

☐ 75mm (3") diameter distribution pipe V = 3.3 x L = _____

☐ 100mm (4") diameter distribution pipe V = 5.9 x L = _____

D. Type A Dispersal Bed

☐ In-ground ☐ Raised ☐ Partially Raised

Q = Daily design flow (in litres)
T = Percolation Time of underlying soil
A = Area (in square meters)

(i) **Stone layer area:** (Formulas in (i) and (ii) are based on the value of "Q" and will calculate or not calculate based on that value.)

If Q ≤ 3,000 litres/day
A = Q/75
A = 0 (Q) ÷ 75
A = 0.0 m2

(ii) If Q>3,000 litres/day
A = Q/50
A = 0 (Q) ÷ 50
A = 0 m2

(iii) **Sand layer area** **T of 15 or less**

$$A = \frac{QT}{850}$$

A = 0 (Q) x 0 (T) ÷ 850
A = 0.00 m2

OR Not less than the lesser of sand layer and stone layer determined in (i) or (ii)

(iv) **Sand Layer area T >15**

shall,

a) extend to at least 15m beyond the perimeter of the treatment unit, or distribution pipes if utilized, in any direction that the effluent entering the soil will move horizontally and,

b) have an area that is not less than the value determined by the formula,

$$A = \frac{QT}{400}$$

where,

A = 0 (Q) **x** 0 (T) ÷ 400

A = 0 m2

E. Type B Dispersal Bed

Q = Daily design flow (in litres)

T = Percolation Time of underlying soil

A = Area (in square meters)

$$A = \frac{QT}{400}$$

A = 0 (Q) **x** 0 (T) ÷ 400

A = 0 m2

OR,

Area determined by BCMOH Sewage System Standard Practice Manual

A = _____ m2

F. 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, ponds etc.)

☑ Swales, slopes and changes in grade

☑ North (facing) arrow

☑ Tank and pump chamber sizes (in litres) and name of Manufacturer

☑ Base, contact and loading areas (in square meters)

☑ Length of distribution pipe (in meters)

Please use the attached template.

Permit #:

Schedule 2D: Site Plan

A. Septic Installation Site Plan

Project Address: _____ Plan _____ Lot: _____ Con: _____

Size (in Litres)	
Tank	Pump Chamber

Area (in Meters squared)	
Base	Contact

Length of Distribution Pipe
(in Meters)

Permit #:

Declaration and Acknowledgement

A. Declaration and Acknowledgement

1. I acknowledge that any deviation from the approved plans and specifications after the permit is issued is a violation of the Building Code Act and agree to consult with a building inspector before making any changes from the approved plans.
2. I agree to comply with the provisions of the Municipal Building and Zoning By-laws.
3. I agree that, neither the granting of a permit, nor approval of the plans and specifications, nor inspections made by Township of Tay Inspectors during work on the sewage system, shall relieve me from the responsibility for carrying out the work in accordance with the Buildng Code Act, as amended, and the Regulations made thereunder.
4. I declare that the information contained herein is in every respect, fully and truthfully stated to the best of my knowledge and belief.
5. I acknowledge that I will provide a pit analysis of filter medium where applicable.
6. I acknowledge that, prior to backfilling, the stone layer shall be protected by covering it with untreated building paper **or** a permeable geo-textile fabric.
7. I acknowledge that a leaching bed shall not be covered with any material having a hydraulic conductivity less than 0.01 m/day
8. I acknowledge that I will operate (if owner), or advise the owner (if contractor) of the operation and maintenance required on the septic system.
9. I acknowledge that I will provide/obtain a Maintenance Contract for a Treatment Unit and Class-5 Holding Tank
10. I acknowledge that should a temporary entrance be required to construct this septic system, I will obtain an the such permit as is required by the Public Works Department (705) 728-4784 ext 230, prior to commencing construction.

Submitted by:

Name (please print)	Signature of Owner or Agent	Date

B. FOR OFFICE USE ONLY

NOTES:

☐ Permit granted ☐ Permit granted with attachments ☐ Unable to grant permit, reasons attached.

Name (please print)	Signature of Inspector	Date