

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. 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			
C. 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 ()	
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>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. 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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> .			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
I _____ declare that (choose one as appropriate):			
(print name)			
<input type="checkbox"/> 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: _____			
<input type="checkbox"/> 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: _____			
<input type="checkbox"/> 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) d) 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 authorization, 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?			
<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:			
<p>I _____ declare that:</p> <p style="margin-left: 100px;">(print name)</p> <p><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;</p> <p><u>OR</u></p> <p><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.</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-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Date Signature of applicant </p>			

TOWNSHIP OF MALAHIDE - ADDENDUM TO APPLICATION TO PERMIT SEWAGE SYSTEM CONSTRUCTION OR REPAIR

Project information

Building number, street name	Unit number	Owner Name	
Municipality	Postal code	Lot/con.	Plan number/other description

Type of Sewage System Permit Application

I am applying for... (please check one)

- **A New System** (no system exists to date on this property, or the existing system is to be replaced with a new system)
- **A Repair/Alteration to an Existing System** (a permitted system exists and is currently in use on the property today and said system requires repair to the bed or tank, replacement of a tank, or any other type of minor material alteration in order to comply with the requirements of Pt. 8 of the OBC)

Design Information

Determination of Design Flow

Number and Type of Fixtures Served by the Proposed System (including all fixtures in out-buildings and basements connected to the Proposed System)

() Residential	(OFFICE USE ONLY)	
TOT. COMPLETE BATHROOM GROUPS - 1 whole group (must be in same room) consists of 1 toilet, 1 lavatory(hand sink), and 1 bath or shower or combo tub/shower	X 6	FU's
Extra Toilets – not counted in a bathroom group	X 4	FU's
Extra Lavatory (hand sink) – not counted in a bathroom group	X 1.5	FU's
Extra Showers and/or Bath Tubs and/or combo Tub-Showers – not counted in a bathroom group	X 1.5	FU's
Sinks (ie. Kitchen, Laundry, Wash basin, etc...)	X 1.5	FU's
Dishwashers	X 1	FU's
Washing Machines	X 1.5	FU's
Any other fixtures not otherwise listed	X _____	FU's
Total	Total Res. Design	FU's L/d

() Commercial, Industrial or Institutional	(OFFICE USE ONLY)
Type of Building:	Flow Rate =
Method of Calculation for Daily Flow Rate:	
Other Types of Plumbing Fixtures not otherwise listed:	
Total	

Number of Bedrooms Served by the Proposed System			(OFFICE USE ONLY)
Existing (if any):	Proposed (If bedrooms added):	Total :	Assigned Flow Rate:

+ FU's > 20 (L/d)

Square Footage of Finished Building (Excluding basements and Garages)			(OFFICE USE ONLY)
Existing (if any):	Proposed (new houses or additions):	Total :	Assigned Flow Rate:

OFFICE USE ONLY
Total Daily Designed Sanitary Sewage Flow:

"Q"=

TOWNSHIP OF MALAHIDE - ADDENDUM TO APPLICATION TO PERMIT SEWAGE SYSTEM CONSTRUCTION OR REPAIR (Cont'd.)

Site Information

Water Supply (please check one)		Type of Native Subsoil and Subsoil Conditions	
Municipal (town water)		Est. Percolation Rate ("T"- time):	min/cm
Dug Well (2'-3' Conc. Casing)		Soil Type(s):	
Drilled Well (steel 6" casing)		Depth to Water Saturation (high water table):	
Shallow Point Well (Sand point)		Engineers Report or Sieve Analysis Report #:	

Distance from Proposed Septic Distribution Lines to: (Mark N.A. if Not Applicable)		Are there any of the following items on or adjacent to the Property on which the Septic System is proposed? (If "yes" please provide documentation)	Yes/ No
Lakes, Rivers, Streams, Ponds, etc...	(m)(ft)	Right of ways or Shared Access Easements	
Closest Adjacent Well (on the property or off of it)	(m)(ft)	Drainage Easements or Municipal Drains	
Adjacent buildings	(m)(ft)	Service Easements or Land Use Agreements	

Type of Distribution System (please check one)		Septic Tank Size and Type	Pump and Pump Chamber Required?
Raised Filter Bed		(Existing) or (New)	(Yes) or (No)
Raised Leaching Bed (Tiled or Chambered)			
In Ground, Trenched (Tiled or Chambered) Bed		Size: (L)	Size: (L)
Tertiary Treatment Unit Type Area Bed			
Tertiary Treatment with Shallow Buried Trenches		Type (Concrete or PVC):	Type (Concrete or PVC):

Bed Configuration Details

Filter Bed	Raised ()	In Ground ()
Contact Area (including mantle):	Filter Base Area (bottom of MOE apv'd sand):	Filter Area (Top of Bed):

Leaching Bed	Raised ()	In-Ground ()	Shallow Buried Trench ()
Contact Area (including mantle):	Type of Trench-Based System (please check one)		Length of pipes or chambers:
	Infiltrator	PVC pipe	Shallow Buried

Tertiary Treatment Unit		
Contact Area (including mantle):	Manufacturers Model # and/or Type of Unit:	*Note* : A maintenance agreement in conformance with the requirements of OBC 8.9.2.3. will be required prior to allowing occupancy of the building

**TOWNSHIP OF MALAHIDE - ADDENDUM TO APPLICATION TO PERMIT
SEWAGE SYSTEM CONSTRUCTION OR REPAIR**
(Cont'd.)

Declarations

Please complete either the Owner portion, or the Designer or Installer/ Supervisor portion as pertains to your specific circumstances of application.

Owner (If taking Responsibility as Designer and Installer)

I, (print name) _____ am the owner of the property for which the system as specified within this application is to be installed, and I am exempted from the requirements for registration and qualification by the Ontario Building Code (as outlined in Schedule 1: Designer Information) in this application as such, and I do recognize that the responsibilities and duties as assigned to the designers and installers of Sewage Systems under Part 8 of the Ontario Building Code do also now apply to me, and I do certify that all the information provided on this Application to Permit Sewage System Construction or Repair and all other submitted design information and material is correct and true to the best of my knowledge.

Signed: _____ Dated: _____

OR

Designer or Installer/Supervisor

I, (print name) _____ have been at the time of completion and submission of this application, authorized and retained by the owner to act as the applicant and,
(please check any of the below as they apply)

Designer (check if applicable) > <input type="checkbox"/>		Initial here: _____
and/or,		
Installer/ Supervisor (check if applicable) > <input type="checkbox"/>		Initial here: _____

as the title(s) apply to me and as defined by the Ontario Building Code Act, 1992., and I do certify that all the information provided on this Application to Permit Sewage System Construction or Repair and all other submitted design information and material is correct and true to the best of my knowledge.

Signed: _____ BCIN #: _____ Dated: _____

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