

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 <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] | | | |
| <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 2.18.1.1? | | | |
| <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="text-align: center;">(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. I have authority to bind the corporation or partnership (if applicable). <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p> | | | |



Additional Sewage System Information

| Project Information |
|---------------------|
| Address of Project: |
| Owner Name: |

| Type of Sewage Permit Application (please check one) | |
|--|--|
| | New System (no system exists to date on this property or the existing system is to be replaced with a new system) |
| | Repair/Alteration to an Existing System (a permitted system exists and is currently in use on the property today but requires repair to the bed or tank, replacement of the tank or any other type of minor material alteration in order to comply with the requirements of Part 8 of the OBC) |

| Determination of Design Flow |
|------------------------------|
|------------------------------|

| Residential Fixture Units (include all fixtures in out buildings and basements connected to the proposed system) | | | |
|--|-----------|---|--------------------------------|
| Bathroom Groups (1 toilet, 1 lavatory and 1 bathtub or shower or combo tub/shower) | | X 6 | FU's |
| Toilets (not counted in bathroom group) | | X 4 | FU's |
| Lavatory (not counted in bathroom group) | | X 1.5 | FU's |
| Shower <u>and/or</u> bathtub <u>and/or</u> tub/shower (not counted in bathroom group) | | X 1.5 | FU's |
| Sinks (ie. kitchen, laundry, wash basin ect...) | | 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 Fixture Units: | |
| | | Total L/day for additional fixture units: | |
| Number of Bedrooms (including bedrooms in basement) | | | |
| Existing: | Proposed: | Total: | Total L/day for # of bedrooms: |
| Square Footage of Finished Area (excluding basements) | | | |
| Existing: | Proposed: | Total: | Total L/day for finished area: |

| Commercial, Industrial or Institutional | |
|---|--|
| Type of Building | |
| Method of Calculation for Daily Flow Rate | |
| Total L/day: | |

| | |
|--|-----------|
| Total Daily Designed Sanitary Sewage Flow | Q= |
|--|-----------|

Site Information

| Water Supply | | Type of Native Subsoil and Subsoil Conditions |
|--------------------|--|---|
| Municipal Water | | Soil Type: |
| Drilled Well | | Est. Percolation Rate (T-time): |
| Dug Well | | Depth to High Water Table: |
| Shallow Point Well | | Sieve Analysis Report #: |

| Distance from Septic Distribution Lines to: | Are there any of the following items on or adjacent to the property of the proposed septic? |
|--|---|
| Lakes, pond, reservoir, river, spring, stream | Right of Way |
| Closest adjacent well (on or off the property) | Shared Access Easement |
| Closest Structure | Municipal Drain or Drainage Easement |
| Property Line | Service Easement or Land Use Agreement |

Type of Distribution System

| Type of Bed | Type and size of tank | Pump and pump chamber required? |
|-------------------------------|-----------------------|---------------------------------|
| Absorption Trench – In Ground | Existing or New | Yes or No |
| Fill Based Absorption Trench | | |
| Shallow Buried Trench | Size: | Size: |
| Filter Bed – In Ground | | |
| Raised Filter Bed | Concrete or PVC | Concrete or PVC |
| Type A Dispersal Bed | | |

Bed Configuration Details

| Absorption Trench: In Ground () Fill Based () Treatment Unit () | | | | |
|--|---------|-----------------------|------------------------------------|---|
| Type of Trench | | | Total Length of Distribution Pipe: | Expanded Contact Area (Including Mantel): |
| PVC Pipe and Stone | Chamber | Shallow Buried Trench | | |

| Filter Bed: In Ground () Raised () Treatment Unit () | | |
|---|-------------------------------|--------------------------------------|
| Distribution Area (Top of Filter Medium): | Filter Medium Area (At Base): | Expanded Contact Area (Inc. Mantel): |

| Type A Dispersal Bed: Treatment Unit Required | | |
|---|-------------|----------------------|
| Stone Layer: | Sand Layer: | Expanded Sand Layer: |

Treatment Unit Information

| | |
|---|---|
| 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 |
|---|---|

Declarations

Please complete **either** the Owner portion **or** the Designer or Installer/Supervisor portion as it 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 designer 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: _____

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,

Designer

Initial: _____

Installer/Supervisor

Initial: _____

as the titles 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 materials is correct and true to the best of my knowledge.

Signed: _____ Dated: _____

BCIN #: _____

Personal Information contained in this form and schedule 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 the Chief Building Official.