



Renovation Review

The following must be submitted, prior to providing the municipality with our comments:

- A copy of the **existing** floor plan (hand drawn sketches are accepted)
- A copy of the **proposed** floor plan (what it will look like **after** the proposed renovation)
- A copy of a site plan, indicating the distance and location of the proposed renovation to the existing sewage system *if renovation is internal and no addition is proposed, please disregard
- Completed Fixture Unit Count form (see page 2)
- A copy of a valid septic permit record for the property (file searches available)
 - Existing septic permit number: _____
 - Year of septic system installation: _____
 - Owners at the time of installation: _____
 - Municipality: _____

Note: If a valid septic permit is **not** available, a **written** evaluation by a qualified septic designer or contractor is required to demonstrate the dimensions, capacity and the location of the existing septic system

- Payment of \$163.00

Applicant Information:

Property Owner: _____ Agent: _____

Property Address: _____

Mailing Address (if not the same as above): _____

Telephone: _____ owner/agent E-mail: _____ owner/agent

Renovation Information:

Current use of the building? Residential Commercial Other _____

Is the use of the building changing? (e.g. dwelling to commercial business) Yes No

Number of existing bedrooms: _____ Number of proposed bedrooms: _____ Total: _____

Existing total floor area: _____ square feet Proposed total floor area: _____ square feet



- Does the renovation exceed 15% of the total square footage of the existing building? Yes No
- Are there any outside structures within 1.5 meters of the existing septic tank? Yes No
- Are there any outside structures within 5 meters of the existing leaching bed? Yes No

Fixture Unit Count

	Fixture Units	Number of existing	Number of proposed	Total	
BATHROOM	Three-piece full bathroom				
	Full Bathroom group, any three of: <ul style="list-style-type: none"> • Toilet • Sink • Tub/Tub-shower combo, or • Shower stall 				
	Powder rooms or additional fixtures				
	If not already included above in full bathroom group:	Toilet			
		Bathtub with or without overhead shower			
		Sink			
Shower stall					
	Bidet				
KITCHEN	Dishwasher				
	Sink				
OTHER	Domestic washing machine				
	Combination sink and laundry tray Single or double (installed on 1 ½ trap)				

- 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 sump pump or floor drain fixtures should be discharged separately to an approved Class 2(leaching pit) sewage system.
- 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)).



Renovation Clearance Disclaimer

The renovation review will be based on the information provided by the proponent or agent. This information is not a building permit.

- 1) Decisions on Clearances are based on the design criteria as set out in the Part VIII of the Ontario Building Code;
- 2) The renovation review does not take into consideration the age or the condition of a sewage system;
- 3) South Nation Conservation will not be held responsible for any sewage system failure that arise after the renovation has been carried out by the owner or agent;
- 4) Documents and information stated above that are not completed or not submitted will delay the approval process;
- 5) The renovation review will not be completed until payment has been submitted;
- 6) If modifications are needed to the septic tank or leaching bed following this evaluation a septic permit will be required. If this is the case, the owner/agent will need to complete the "Sewage System Application" located on our website www.nation.on.ca and refer to fee schedule for permit fees; and,
- 7) The municipality will be provided with a copy of the submitted documentation.

I, _____, as the landowner or authorized agent, certify that all the information provided for the purpose of this renovation review is true and complete to the best of my knowledge.

Signature

Date

----- OFFICE USE ONLY -----	
ATTENTION: CHIEF BUILDING OFFICIAL	
<input type="checkbox"/> Compliant	
<input type="checkbox"/> Non-Compliant	
<input type="checkbox"/> Treatment unit (tank) must be upgraded to a greater capacity: _____L	
<input type="checkbox"/> Treatment unit and/or leaching bed must be evaluated or upgraded	
(Note: A permit is required under 8. (1) O.B.C. for any alterations/renovations to a sewage system)	
<input type="checkbox"/> As per the information provided, the distances from the existing septic system to the proposed renovation meet Ontario Building Code Requirements. All structures are required to be a minimum distance of 1.5 meters from the tank and 5 meters from the leaching bed.	
<input type="checkbox"/> N/A	
_____ Reviewed by	_____ Date