



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 the applicable fees, \$170.00

Applicant Information:

Property Owner: _____ Agent: _____

Property Address _____

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

Telephone: _____ E-mail: _____

Renovation Information:

Current use of the building? Residential Commercial Other _____

Is the use of the building changing? (i.e. 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

Plumbing Count											
	Fixture Units				Number of existing	+	Number of proposed	X	Unit Count	=	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 					+		X	6	=	
	Powder rooms or additional fixtures										
	If not already included above in full bathroom group:										
	Toilet					+		X	4	=	
	Bathtub with or without overhead shower					+		X	1.5	=	
Sink					+		X	1.5	=		
Shower stall					+		X	1.5	=		
Bidet					+		X	1	=		
KITCHEN	Dishwasher					+		X	1	=	
	Sink					+		X	1.5	=	
OTHER	Domestic washing machine					+		X	1.5	=	
	Combination sink and laundry tray Single or double (installed on 1 1/2 trap)					+		X	1.5	=	
Total											



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

-----FOR OFFICE USE ONLY-----

ATTENTION: CHIEF BUILDING OFFICIAL

Compliant

Non-Compliant

Treatment unit (tank) must be upgraded to a greater capacity: _____L

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)

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.

N/A

 Reviewed by:

 Date: