

38 rue Victoria Street, Finch, ON K0C 1K0 Tel: 613-984-2948 Fax: 613-984-2872 Toll Free: 1-877-984-2948 www.nation.on.ca

Application for a Permit to Construct or Demolish Decommissioning/Abandon of Septic System

Applicant's Checklist

	Completed Application
	Deed of Land (Registered Plan may be requested)
	Applicable Fees \$190 (Refer to Schedule #3 section 2 (d))
	SNC Planning and Engineering Review (if applicable) (Refer to Schedule #3 section 5) of the septic permit
	SNC Source Water Protection Review (if applicable)
Above doc	uments and information not completed or not submitted may delay the approval process.



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					
Permit number:		Date rece	eived:		
Roll number:					
Application submitted to:SOUTH	NATION	N CONSERV	ATION		
A. Project information					
Building number, street name				Unit number	Lot/con.
Municipality	Postal cod	de	Plan number/other descrip	otion	
Project value est. \$	•		Area of work (m ²)		
B. Purpose of application					
☐ New construction ☐ Addition t existing by		☐ Altera	•	Demolition	Conditional Permit
Proposed use of building		Current use of b	uilding		
Description of proposed work					
C. Applicant Applicant is:	Owner	or 🗆	Authorized agent of o	owner	
Last name	First nam	ne	Corporation or partnership	p	
Street address	•			Unit number	Lot/con.
Municipality	Postal coo	de	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 co	de	Province	E-mail	



Telephone number	Fax		Cell number				
()	()		()				
E. Builder (optional)							
Last name	First name	Corporation or partnership	p (if applic	cable)			
	2.1.5. man.e Corporation of participant (ii application)						
Street address			Unit nun	nber]	Lot/con.	
Municipality	Postal code	Province	E-mail				
Telephone number	Fax	l	Cell num	nber			
()	()		()				
F. Tarion Warranty Corporation (Ontario N	ew Home Warranty Pro	ogram)					
i. Is proposed construction for a new home as no, go to section G.	•		? If		Yes		No
ii. Is registration required under the <i>Ontario Ne</i>	ew Home Warranties Plan A	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 se	wage system.					
H. Completeness and compliance with applica	able law						
i) This application meets all the requirements of claus	es 1.3.1.3 (5) (a) to (d) of D	ivision C of the Building Co	ode		Yes		No
(the application is made in the correct form and by t			e				
been completed on the application and required sch			ando.				
Payment has been made of all fees that are required, under clause 7(1)(c) of the <i>Building Code Act</i> , 1992			nade				
and of change ((1)(e) of the Bunding Code (10), 1772	, to be para when the approx	actor is made.			Yes		No
ii) This application is accompanied by the plans and sp or regulation made under clause 7(1)(b) of the <i>Build</i>	-	ne applicable by-law, resolu	tion		Yes		No
iii) This application is accompanied by the information	_	by the applicable by-law,			Yes		No
resolution or regulation made under clause 7(1)(b) of							
building official to determine whether the proposed building, construction or demolition will contravene any							
applicable law. iv) The proposed building, construction or demolition will not contravene any applicable law. Quantum Yes N				No			
I. Declaration of applicant							
ī			declare	e that:			
(print name)							
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to				s 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							



SCHEDULE 1: DESIGNER INFORMATION

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

	t Information mber, street name			Unit no.	Lot/con.
	Ä.		Value of the same	100	2000011.
Municipality Postal code			Plan number/ other des	cription	
3. Individ	dual who reviews and	takes responsibil	lity for design activities		
Name		•	Firm	*	
Street addre	ess		20	Unit no.	Lot/con.
Municipalit	<u> </u>	Postal code	Province	E-mail	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-
Telephone number Fax number				Cell number	
C. Design		by individual ide	entified in Section B. [Building Code T	able 3.5.2.1. of
☐ La ☐ Co	nall Buildings rge Buildings omplex Buildings of designer's work		ng Services tion, Lighting <mark>and</mark> Power rotection	Plumbi	ng – House ng – All Buildings Sewage Systems
). Declar	ration of Designer			(Northead the Africa	
D. Declar		nt name)		_ declare that (cho	ose one as appropria
D. Declar	(pri I review and take respo C, of the Building Code	nsibility for the design	n work on behalf of a firm re the firm is registered, in the	egistered under sul	bsection 3.2.4.of Divi
	I review and take respond, of the Building Code Individual BCIN: Firm BCIN: I review and take responder subsection 3.2.5.	nsibility for the design I am qualified, and the sign of the sign of the design of the	the firm is registered, in the n and am qualified in the ap Building Code.	egistered under sul appropriate classe	osection 3.2.4.of Divies/categories.
	I review and take respo C, of the Building Code Individual BCIN: Firm BCIN: I review and take respo under subsection 3.2.5. Individual BCIN:	nsibility for the design. I am qualified, and the sign of the design of Division C, of the E	the firm is registered, in the n and am qualified in the ap Building Code.	egistered under sul appropriate classe opropriate category	osection 3.2.4.of Divi
	I review and take respond to the Building Code Individual BCIN: Firm BCIN: I review and take responder subsection 3.2.5. Individual BCIN: Basis for exemption The design work is exer	nsibility for the design. I am qualified, and the sign of Division C, of the Entremental from registration:	the firm is registered, in the	egistered under sul appropriate classe opropriate category	osection 3.2.4.of Divisors/categories. as an other designed in the control of th
certify that	I review and take respond, of the Building Code Individual BCIN: Firm BCIN: I review and take responder subsection 3.2.5. Individual BCIN: Basis for exemption The design work is exemption	nsibility for the design. I am qualified, and the sign of Division C, of the Entrom registration:	the firm is registered, in the n and am qualified in the ap Building Code. tion and qualification required the qualification:	egistered under sul appropriate classe opropriate category rements of the Build	osection 3.2.4.of Divisors/categories. as an other designed in the control of th
certify that	I review and take respond, of the Building Code Individual BCIN: Firm BCIN: I review and take responder subsection 3.2.5. Individual BCIN: Basis for exemption The design work is exer Basis for exemption: e information contained in	nsibility for the design. I am qualified, and the design of Division C, of the Empt from registration:	the firm is registered, in the n and am qualified in the ap Building Code. tion and qualification requir	egistered under sul appropriate classe opropriate category rements of the Build ge.	osection 3.2.4.of Divi es/categories. as an *other designe ding Code.



SCHEDULE 2: SEWAGE SYSTEM INSTALLER INFORMATION

Municipality Postal code Plan number/other descrip B. Sewage system installer Is the installer of the sewage system engaged in the business of constructing on-site, insemptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C? Yes (Continue to Section C) No (Continue to Section E) C. Registered installer information (where answer to B is "Yes") Name Street address Municipality Postal code Province		
B. Sewage system installer Is the installer of the sewage system engaged in the business of constructing on-site, insemptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C? Yes (Continue to Section C) No (Continue to Section E) C. Registered installer information (where answer to B is "Yes") Name Street address Municipality Postal code Province Telephone number () D. Qualified supervisor information (where answer to section B is "Yes") Name of qualified supervisor(s) Building Code Identification I (print name) (print name) I am the applicant for the permit to construct the sewage system. If the installer submit a new Schedule 2 prior to construct the sewage system, and am submittin known.	Unit number	Lot/con.
s the installer of the sewage system engaged in the business of constructing on-site, insemptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C? Yes (Continue to Section C)	otion	1
s the installer of the sewage system engaged in the business of constructing on-site, insemptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C? Yes (Continue to Section C)		
Street address Municipality Postal code Province Fax () D. Qualified supervisor information (where answer to section B is "Yes") Name of qualified supervisor(s) Building Code Identification I E. Declaration of Applicant: (print name) I am the applicant for the permit to construct the sewage system. If the installer 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 submittin known.	nstalle	, servicing, cleaning or r unknown at time of tion (Continue to Section E)
Street address Municipality Postal code Province Fax () D. Qualified supervisor information (where answer to section B is "Yes") Name of qualified supervisor(s) Building Code Identification I E. Declaration of Applicant: (print name) I am the applicant for the permit to construct the sewage system. If the installer 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 submittin known.		
Municipality Postal code Province Fax () Qualified supervisor information (where answer to section B is "Yes") Name of qualified supervisor(s) Building Code Identification I E. Declaration of Applicant: (print name) I am the applicant for the permit to construct the sewage system. If the installer 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 submittin known.	BCIN	
Pelephone number D. Qualified supervisor information (where answer to section B is "Yes") Name of qualified supervisor(s) Building Code Identification I E. Declaration of Applicant: (print name) I am the applicant for the permit to construct the sewage system. If the installer 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 submittin known.	Unit number	Lot/con.
D. Qualified supervisor information (where answer to section B is "Yes") Name of qualified supervisor(s) Building Code Identification I (print name) (print name) I am the applicant for the permit to construct the sewage system. If the installer 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 submittin known.	E-mail	
(print name) I am the applicant for the permit to construct the sewage system. If the installer 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 submittin known.	Cell number	
(print name) I am the applicant for the permit to construct the sewage system. If the installer 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 submittin known.	Number (BCIN)	
(print name) I am the applicant for the permit to construct the sewage system. If the installer 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 submittin known.		
 I am the applicant for the permit to construct the sewage system. If the installer 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 submittin known. 		
 I am the applicant for the permit to construct the sewage system. If the installer 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 submittin known. 		
 I am the applicant for the permit to construct the sewage system. If the installer 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 submittin known. 		declare that:
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 submittin known.		#25-10-10g-25-34V
OR I am the holder of the permit to construct the sewage system, and am submittin known.	r is unknown at ti	me of application, I shall
I am the holder of the permit to construct the sewage system, and am submittin known.		
certify that:	ng a new Sche <mark>d</mark> ul	le 2, now that the installer i
 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 corp	oration or partne	ersh <mark>i</mark> p.
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 3 – APPLICATION INFORMATION

- 1. Application form, Schedules 1, 2, 3, 5, 6 & A must be submitted.
- 2. Application fees:
 - a) Class 2 & 3 systems and tank replacement: \$380
 - b) Class 4 & 5 systems: < 4000 L/d systems requiring annual maintenance: \$830; Other Systems: \$750
 - c) Class 4 & 5 systems: ≥ 4000 L/d & < 10000 L/d: systems requiring annual maintenance: \$1,205; Other Systems: \$1,095
 - d) For Certificate of Change (revisions), transfer of permit and additional inspections please refer to fee schedule
- 3. Class 4 fees will not include the excavation inspection, this inspection will be considered as an additional to allow the homeowner the option of obtaining a certified engineer or SNC to conduct the excavation inspection. The certified engineer must provide SNC with an inspection report that will be part of the permit process and approval. Please refer to fee schedule for additional Inspections.
- 4. No application will be processed if a copy of the Transfer/Deed of Land or a municipal tax receipt and architectural drawing for the property in question are not enclosed.
- 5. Any changes subsequent to the original application will require that a Certificate of Change and fees be submitted to our office Section 8.(12)(13)(14) of the Building Code Act. Please refer to fee schedule.
- 6. Contact the applicable CA Planning and Engineering department or Township Office if the said property is located in proximity of a waterway, in a zone subject to landslides or unstable slopes. A development permit may be required from the authority Section 8.(2)(a) of the Building Code Act.
- 7. SNC strongly recommends that fencing or equivalent protection encircle any test pit or any septic/holding tank excavation until placement of backfill material, and that tank access lids always be maintained in place. SNC and its agent will not assume any responsibility for negligence relating to these safety measures.
- 8. The operator/owner of the sewage system shall keep it maintained at all times so that its construction remains in accordance with the requirements of the Ontario Building Code. Vehicular traffic (including snowmobiles and ATVs) must not be allowed over the leaching bed. Do not allow roof drains to discharge to the treatment unit or surface waters to drain towards the area of the leaching bed Section 8.9.3.2.(1)(2) of the Ontario Building Code.
- 9. The sewage system permit will be cancelled after twelve (12) months of the date of issuance of the said permit Section 8.(10) (b) (c) of the Building Code Act.
- 10. Tile drainage within 8 meters of the leaching bed must be removed or the lines broken so as to prevent the entry of sewage effluent into the drains. Table 8.2.1.6. B and Section 8.2.1.6.(2) of the Ontario Building Code.
- 11. We recommend that the following trees be kept at a distance of 5 meters for hard maple, elm, ash and evergreen and a distance of 8 meters for silver maple, soft maple, willow family, poplar or any large trees. We may require a letter from the applicant accepting responsibility for any damages caused to or by any trees Section 8.9.3.2.(2) of the Ontario Building Code.
- 12. The building shall be located and the building site graded so that water will not accumulate at or near the building and will not adversely affect any adjacent properties Section 3.1.17.1.(1) of the Ontario Building Code.
- 13. Where piping may be exposed to freezing conditions, it shall be protected from frost (see Appendix A), Section 7.3.5.5.(1) of the Ontario Building Code.

Signature of Owner	Date
Signature of agent (if applicable)	Date



SCHEDULE 5- PERMIT APPLICATION / CERTIFICATE OF CHANGE

	\Box PERMIT APPLICATION \Box CERTIFICATE OF CHANGE
	<u>SECTIONS</u>
1.	TYPE OF WORK PROPOSED:
	New Installation Replacement Leaching Bed Replacement Tank Only Alteration Decommissioning (must fill out Section 5.) (Detail Work on schdule 6)
2.	TYPE OF WATER SUPPLY (Identify all types) (Check Applicable: P = Proposed or E= Existing)
	Drilled Well: P E Sandpoint Well: P E Dug/Bored: P E
	Municipal: P E River Intake: P E Other:
3.	a) DAILY SEWAGE DESIGN FLOW N/A
	Bedrooms House (floor area) m2
	Persons Total Fixture Units(Schedule7)
	Residential Other Occupancies Lot Surface Aream2
	Total Flow:L/Day
	Detailed flow:
4.	TYPE OF TREATMENT UNIT (TANK) Proposed Existing N/A
4.	Volume:L Effluent Filter/Risers
4.	
4. 5.	Volume:LEffluent Filter/Risers
	Volume:LEffluent Filter/RisersL Tertiary Model: Design flow Up toL TANK REPLACMENT ONLY (must provide the existing use permit or an evaluation by license individual)
	Volume:LEffluent Filter/Risers
	Volume:LEffluent Filter/Risers
	Volume:LEffluent Filter/RisersL Tertiary Model: Design flow Up toL TANK REPLACMENT ONLY (must provide the existing use permit or an evaluation by license individual) Use Permit or Evaluation:, Size of Existing Tank:L / Pipes: m Required as per actual daily/flow:L
5.	Volume:LEffluent Filter/RisersL Tertiary Model: Design flow Up toL TANK REPLACMENT ONLY (must provide the existing use permit or an evaluation by license individual) Use Permit or Evaluation:, Size of Existing Tank:L / Pipes: m Required as per actual daily/flow:L TankL & Pipes
5.	Volume:LEffluent Filter/RisersL Tertiary Model:Design flow Up toL TANK REPLACMENT ONLY (must provide the existing use permit or an evaluation by license individual) Use Permit or Evaluation:, Size of Existing Tank:L / Pipes:m Required as per actual daily/flow:L Tankd/f_ X =L & Pipesd/f_ X / =m TYPE OF SYSTEM (Existing)
5.	Volume:L Effluent Filter/Risers



SCHEDULE 6

AS-BUILT - LAYOUT SECTION (PLAN VIEW)

RI	EQUIRED :
1)	Detail drawing: structure, location of existing septic system to be decommissioned, municipal hook up, demonstrate any well's
	and/or
	Attached existing septic record File #
2)	Existing tank to be pumped hauled or crushed by a license individual Receipt of pump out & confirmation letter required prior inspection
3)	(Refer to attached Schedule A)
4)	Leaching bed pipes & contaminated soils (if applicable) to be Abadon and /or discarded (Refer to attached Schedule A)
	Provided photo(s) of decommission work
6)	Wells decommissionded □ yes □ no (If yes provide Well Record Decommissioning)
	Signature of Installer or Refer to Schedule 2



SCHEDULE A

CONFIRMATION LETTER FOR EXISTING SEPTIC TANKS AND LEACHING BED REMOVAL

Contractor: _		Owner:
The property	is located at:	Permit #:
EXISTING S	EPTIC TANK	
	TANK PUMPED (Provide pu	mping receipt)
	TANK DESTROYED AND BA	CK-FILLED
	TANK DESTROYED AND HA	ULED TO AN APPROVED DUMP SITE
EXISTING L	EACHING BED	
□ A	BANDON	
	EACHING BED PIPES & CONTA	AMINATED SOILS REMOVED AND HAULED TO AN
□с	THER:	
CONTRACTO	R SIGNATURE	OWNER/AGENT SIGNATURE
DATE		