



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 \$205
(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 documents and information not completed or not submitted may delay the approval process.

Please send this application form to: septic@nation.on.ca.



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 received: _____

Roll number: _____

Application submitted to: _____ SOUTH NATION CONSERVATION _____

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 building
 Alteration/repair
 Demolition
 Conditional Permit existing

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



SOUTH NATION
CONSERVATION
DE LA NATION SUD

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



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	



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:			
I _____ declare that:			
(print name)			
<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;			
OR			
<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.			
I certify that:			
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.			
_____		_____	
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: \$410
 - b) Class 4 & 5 systems: < 4000 L/d systems requiring annual maintenance: \$890; Other Systems: \$790
 - c) Class 4 & 5 systems: ≥ 4000 L/d & < 10000 L/d: systems requiring annual maintenance: \$1,285; Other Systems: \$1,170
 - 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.



SCHEDULE 5- PERMIT APPLICATION / CERTIFICATE OF CHANGE

PERMIT APPLICATION

CERTIFICATE OF CHANGE

SECTIONS

1. TYPE OF WORK PROPOSED:

New Installation Replacement Leaching Bed Replacement Tank Only Alteration
 Decommissioning

(must fill out Section 5)

(Detail Work on schedule 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



Bedrooms _____ House (floor area) _____ m²
 Persons _____ Total Fixture Units _____ (Schedule 7)
 Residential Other Occupancies Lot Surface Area _____ m²

Total Flow: _____ L/Day

Detailed flow: _____

4. TYPE OF TREATMENT UNIT (TANK)

Proposed Existing



Volume: _____ L Effluent Filter/Risers _____

Tertiary Model: _____ Design flow Up to _____ L

5. TANK REPLACEMENT 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

Tank _____ d/f X _____ = _____ L & Pipes _____ d/f X _____ / _____ = _____ m

6. TYPE OF SYSTEM (Existing)

Class 2 - Leaching pit ~~400g~~

Class 4

Conventional Leaching Bed

Filter Media Beds

Shallow Buried Trench

Type A Dispersal Beds

Type B Dispersal Beds

Other System: _____(BMEC Approval)



SOUTH NATION
CONSERVATION
DE LA NATION SUD



SOUTH NATION
CONSERVATION
DE LA NATION SUD

SCHEDULE 6

AS-BUILT – LAYOUT SECTION (PLAN VIEW)

DECOMMISSIONING OF A SEPTIC SYSTEM



REQUIRED :

- 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
- 3) Receipt of pump out & confirmation letter required prior inspection
(Refer to attached Schedule A)
- 4) Leaching bed pipes & contaminated soils (if applicable) to be Abadon and /or discarded
(Refer to attached Schedule A)
- 5) Provided photo(s) of decommission work
- 6) Wells decommissioned yes no (If yes provide Well Record Decommissioning)

Signature of Installer or Refer to Schedule 2

Date



SOUTH NATION
CONSERVATION
DE LA NATION SUD

SCHEDULE A

**CONFIRMATION LETTER FOR EXISTING SEPTIC TANKS
AND LEACHING BED REMOVAL**

Contractor: _____ Owner: _____

The property is located at: _____ Permit #: _____

EXISTING SEPTIC TANK

- TANK PUMPED (Provide pumping receipt)
- TANK DESTROYED AND BACK-FILLED
- TANK DESTROYED AND HAULED TO AN APPROVED DUMP SITE

EXISTING LEACHING BED

- ABANDON
- LEACHING BED PIPES & CONTAMINATED SOILS REMOVED AND HAULED TO AN APPROVED DUMP SITE
- OTHER: _____

A large, empty rectangular box with a thin black border, occupying the upper half of the page. It is intended for a signature or stamp.

CONTRACTOR SIGNATURE

OWNER/AGENT SIGNATURE

DATE

DATE