



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

## **Applicant's Checklist**

- Complete Application
- Deed of Land (Registered Plan may be requested)
- Applicable Fees (Refer to our Fee Schedule on our [website](#))
  - Pay by cheque to :  
South Nation Conservation  
38 Victoria Street,  
Finch, ON K0C 1K0
  - OR**
  - Call us at 613.984.2948, to pay by credit card  
(2.4% service fee applies)
- Verify with your local municipality or Conservation Authority in your area if your property is within a regulated area
- SNC Source Water Protection Review (if applicable)

Missing information or incomplete documents may delay the approval process.

Please send this application form to [septic@nation.on.ca](mailto: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 : _____ <b>SOUTH NATION CONSERVATION</b> _____			
A. Project Information			
Building number, street name		Unit number	Lot / concession
Municipality	Postal code	Plan Number / other description	
Project estimated value \$		Area of work (m <sup>2</sup> )	
B. Purpose of application			
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition to an Existing building <input type="checkbox"/> Alteration/Repair <input type="checkbox"/> Demolition/Decommission <input type="checkbox"/> Conditional Permit			
Proposed use of building		Current use of building	
Description of proposed work			
C. Applicant			
Applicant is : <input type="checkbox"/> Owner, or <input type="checkbox"/> Authorizes agent of owner			
Last Name	First Name	Corporation or partnership	
Street Address		Unit number	Lot / concession
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 / concession
Municipality	Postal code	Province	Municipality
Telephone number (      )	Fax (      )	Cell number (      )	



<b>E. Builder (optional)</b>			
Last Name	First Name	Corporation or partnership	
Street Address		Unit number	Lot / concession
Municipality	Postal code	Province	Municipality
Telephone number (      )	Fax (      )	Cell number (      )	
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>			
i. Is proposed construction for a new home as defined in <i>the Ontario New Home Warranties Plan Act?</i> If no, go to section G.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide registration number(s) : _____			
<b>G. Required Schedules</b>			
i. Attached 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.			
<b>H. Completeness and compliance with applicable law</b>			
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).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.		<input type="checkbox"/> Yes	<input type="checkbox"/> 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> .		<input type="checkbox"/> Yes	<input type="checkbox"/> 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.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv. The proposed building, construction or demolition will not contravene any applicable law.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I. Declaration of applicant</b>			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</p> <p>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			



## Schedule 1: Designer Information

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

<b>A. Project Information</b>			
Building number, street name		Unit no.	Lot / concession
Municipality	Postal code	Plan number / other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name		Firm	
Street Address		Unit no.	Lot / concession
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1 of Division C]</b>			
<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			
<b>D. Declaration of Designer</b>			
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 : _____			
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 form.			
_____		_____	
Date		Signature of Designer	
<b>NOTE:</b> "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) 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. 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. Copies of the certificate must be submitted			





## Schedule 6 : As-Built Layout Section (Plan View)



**Required :**

- 1) Detail drawing : structure, location of existing septic system to be decommissioned, municipal hook up, demonstrate any wells  
and / or  
Attached existing septic record : File Numbers \_\_\_\_\_
- 2) Existing tank to be pumped hauled or crushed by a licensed individual
- 3) Receipt of pump out & confirmation letter required prior to inspection (Refer to attached Schedule A)
- 4) Leaching bed pipes & contaminated soils (if applicable) to be abandoned and/or discarded (Refer to attached Schedule A)
- 5) Provide photos of decommission work
- 6) Wells decommissioned :  Yes  No (If yes, provide Well Decommissioning Record)

\_\_\_\_\_  
Signature Installer or Schedule 2

\_\_\_\_\_  
Date

**Please Note:** 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 A – Confirmation Letter for Existing Septic Tanks & Leaching Bed Removal**

### **Ontario Building Code (OBC) 8.2.1.4. (4) – Clearances**

If more than one sewage system is located on a lot or parcel of land, there shall be no overlap of any part of the systems.

### **Condition of the existing SEPTIC TANK:**

- Tank pumped (Provide pumping receipt)
- Tank destroyed and backfilled or hauled

### **Condition of existing LEACHING BED:**

- Pipes were removed as required by the OBC specified above
- Pipes have been abandoned (if existing leaching bed not located within the proposed sand contact area)
  
- We confirm that the information indicate above is accurate.**

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Installer Signature

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Date