

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 Applicant's Checklist

- □ Completed Application
- Deed of Land (Registered Plan may be requested)
- Floor Plan (including basement area)for each Permit Application Submitted
- Applicable Fees
 (Refer to Schedule 3 Section 2 & 3, and/or fees list located on website)
- 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 Princip	al Authority		
Permit number: Date received:				
Roll number:				
Application submitted to:SOUTH NA	ATION CONSERVAT	ION		
A. Project information				
Building number, street name			Unit number	Lot/con.
Municipality	Postal code	Plan number/other des	cription	
Project value est. \$		Area of work (m ²)		
B. Purpose of application				
New construction Addition existing b	ouilding	7	Demolition	Conditional Permit
Proposed use of building	Current use of	f building		
Description of proposed work				
C. Applicant Applicant is:	Owner or	Authorized agent o	f owner	
Last name	First name	Corporation or partner	ship	
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 partner	ship	
Street address	-	•	Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	



Telephone number	Fax		Cell numbe	r		
			()			
E. Builder (optional)						
Last name	First name	Corporation or partners	hip (if applic	able)		
Street address			Unit numb	er	Lot/con.	
Municipality	Postal code	Province	E-mail			
Telephone number ()	Fax ()		Cell numbe			
F. Tarion Warranty Corporation (Ontario	New Home Warranty	Program)				
i. Is proposed construction for a new home If no, go to section G.	as defined in the <i>Ontario</i> l	New Home Warranties Plan	n Act?	D Y	'es	☐ No
ii. Is registration required under the Ontario	New Home Warranties Pl	an Act?		D Y	es l	No
iii. If yes to (ii) provide registration number(s):					
G. Required Schedules						
i) Attach Schedule 1 for each individual who review	vs and takes responsibility	for design activities.				
ii) Attach Schedule 2 where application is to constru	ct on-site, install or repair	r a sewage system.				
H. Completeness and compliance with app	licable 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).						☐ No
	made of all fees that are required, under the applicable by-law, resolution or regulation se 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made.					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>				es l	☐ 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.				☐ No		
iv) The proposed building, construction or demolition will not contravene any applicable law.				☐ No		
I. Declaration of applicant						
T		declare that:				
(print name)		ueciare tilat.				
 The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. 						
Date S	ignature 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	t Information				
Building nur	nber, street name			Unit no.	Lot/con.
Municipality		Postal code	Plan number/ other des	cription	
B Individ	lual who reviews and take	e roenoneihili	ty for design activities	<u></u>	
Name	iuai wito teviews allu take	is responsibili	Firm	5	
Street addre	000		avenedate h	Unit no.	Lot/con.
3					Lovcon.
Municipality	s	Postal code	Province	E-mail	
Telephone r ()	number	Fax number Cell num			
C. Design Division C	activities undertaken by]	individual ide	ntified in Section B. [Building Code Ta	ble 3.5.2.1. of
Lar Co	use Iall Buildings Ige Buildings Implex Buildings of designer's work	 HVAC Buildin Detecti Fire Pr 	ig Services ion, Lighting and Power		
D. Declara	ation of Designer				
1				_declare that (choos	e one as appropriate):
	(print na	me)			
	I review and take responsibi C, of the Building Code. I an Individual BCIN: Firm BCIN:	qualified, and th			
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	m registration:			
	The design work is exempt f Basis for exemption fro	2013년 - 2011년 1월 1997년 1월 1997	Concern and a strength of the strength of the strength	rements of the Buildir	ng Code.
I certify that:					
	e information contained in this ave submitted this application			T VIEW	
	ate .		Signature of Designer		



SCHEDULE 2: SEWAGE SYSTEM INSTALLER INFORMATION

A. Pr	oject Information						
Building	number, street name			Unit number	Lot/con.		
Municip	ality	Postal code	Plan number/ of	herdescription			
B. Se	wage system install	er					
emptyin		ccordance with Building C		n E) 🗖 Installe), servicing, cleaning or r unknown at time of tion (Continue to Section E)		
C. Re Name	gistered installer in	formation (where answ	wer to B is "Yes"	BCIN			
Name				CONTRACTOR CONTRACTOR			
Street a	ddress			Unit number	Lot/con.		
Municip	ality	Postal code	Province	E-mail			
Telepho ()	nenumber	Fax ()		Cell number			
D. Qu	alified supervisor in	nformation (where ans	wer to section B	is "Yes")			
Name o	f qualified supervisor(s)		Building Code Identification Number (BCIN)				
E. De	claration of Applica	nt:					
					declare that:		
8-1	(print	(name)					
		ne permit to construct the e 2 prior to construction wh		the installer is unknown at ti nown;	ime of application, I shall		
OR							
	I am the holder of the p known.	ermit to construct the sew	vage system, and ar	m submitting a new Schedu	le 2, now that the installer is		
I certify	that:						
1.	The information contai	ned in this schedule is true	e to the best of my k	nowledge.			
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.					ership.		
Date Signature of applicant							
and will to may be a inspector of health	be used in the administration addressed to: a) the Chief B r having the powers and du or conservation authority t	on and enforcement of the Ba Building Official of the munici uties of a chief building officia	uilding Code Act, 199 pality or upper-tier mu al in relation to sewage ade, or, c) Director, B	ority of subsection 8(1.1) of the 2. Questions about the collection unicipality to which this applicate systems or plumbing for an u uilding and Development Bran	on of personal information tion is being made, or, b) the upper-tier municipality, board		



SCHEDULE 3 – APPLICATION INFORMATION

- 1. Application form, Schedules 1 to 14 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 and < 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.
- 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.

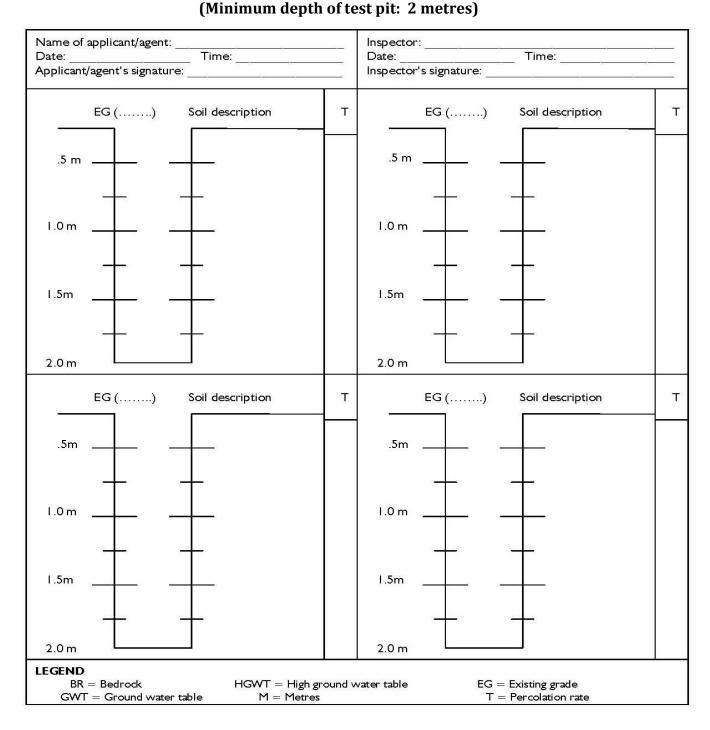
Signature of Owner	Date

Signature of agent (if applicable)

Date



SCHEDULE 4 – SOIL AND WATER TABLE INFORMATION





	SCHEDULE 5- I ERMIT AT I EICATION / CERTIFICATE OF CHANGE
	PERMIT APPLICATION 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
	Bedrooms House (floor area)m2 Persons Total Fixture Units(Schedule7) Residential Other Occupancies Lot Surface Aream2 Total Flow:L/Day Lot Surface Aream2
	Detailed flow:
4.	TYPE OF TREATMENT UNIT (TANK) Proposed Existing
	Volume:L Effluent Filter/Risers
	Tertiary Model: Design flow Up toL
5.	TANK REPLACMENT ONLY (must provide the existing use permit or an evaluation by license individual)
э.	
	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
	Class 2 – Leaching pit Class 3 – Cesspool Class 5 – Holding Tank
	Class 4
	Conventional Leaching Bed Filter Media Beds Shallow Buried Trench
	Type A Dispersal Beds Type B Dispersal Beds Other System:(BMEC Approval)

SCHEDULE 5- PERMIT APPLICATION / CERTIFICATE OF CHANGE



SCHEDULE 5, page 2

	ons L= QT/200 or L= QT/300
CHAMBERS Total length:meters EZ FLOW # of runs of metres	
FILTER MEDIA BEDS	Calculations A= OT/850
-	
Filter Mediam Xm =m 3	
SHALLOW BURIED TRENCH Pressurized Time Dosed	Calculations Q/75, 50, or 30
Pipe@m =m	
Contactm Xm =m2 / Spacingm (min.2m)	
TYPE A TYPE B DISPERSAL BEDS Pressurized Time Dosed Calculations A Stone m X m = m2	<u>=QT/850 or 400 & A= Q/50 or 75)</u>
Pipe @m =m / Spacingm (1.2 max) or Shell	
Sand $\m X \m = \m 2$	
OTHER SYSTEMS BMEC APPROVAL NAME: Stone m Xm =m2	<u>Calculations</u>
Units/Pipe @m =m / Spacingm	
Sandm Xm =m2 / Other Sand:m Xm =m2	
PUMP 🗆 On Demand 🗆 Time Dosed	
Volume Calculations: Spedify discharge rate required:	L/15mins
Make: Model	
DISTRIBUTION BOX FLOW DIVIDER DOUBLE HEADER	
Describe:	-
FROST PROTECTION REQUIRED YES NO	
If YES, describe:	_
LOADING RATE CALCULATIONS	
Loading rate:L/m2/d (Sections 8.7.4.1 and 8.7.3.1 of the Ontario Building Code)	
Loading rate/contact areacalculations:L/d +L/m2/d =m2	
Percolation time of native soil: Native Utilize (Required Form U	Jtilization of Native Soils)
Percolation time of imported leaching bed fill:	
Dimension of excvation:m Xm =m2 and/or Refer to drawing Irregulation	ar Dimension



	AS-BUILT – LAYOUT SECTION (PLAN VIEW)	□art 11 applicable (Distances Or □ Tank and □ Leaching	l/or
Vacant land Existing structure Well Drill D Dug		Vacant land Existing structure	
в/ 			
Draw dwelling/ well(s)		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Applicable I	 Metal Detection Required Trees must be 5m to leaching bed pipes Notes: Existing Tank to be pumped hauled or crush Existing Tank to be Evaluated by licer If more than one sewage system is located on lot or parcel of land, there shall be no overlar of the systems. Contaminated soils to be removed/scarify bottom 	se Individual	wner

SCHEDULE 6

SEPERATION DISTANCES (METERES)

ļ

D1 D2 D3	D4 D5 D6	D7 D8 D9	D10 D11 D12	D13 D14 D15
ELEVATIONS ((METERS)			
BM	X2	X4	X6	X8
X1	X3	X5	X7	
BOTTOM OF I	PIPES (METRES)			
Х9	X10	X11	X12	
Signat	ture of Installer or Refer to Schedule	2		Date



SCHEDULE 7

FIXTURE UNIT COUNT

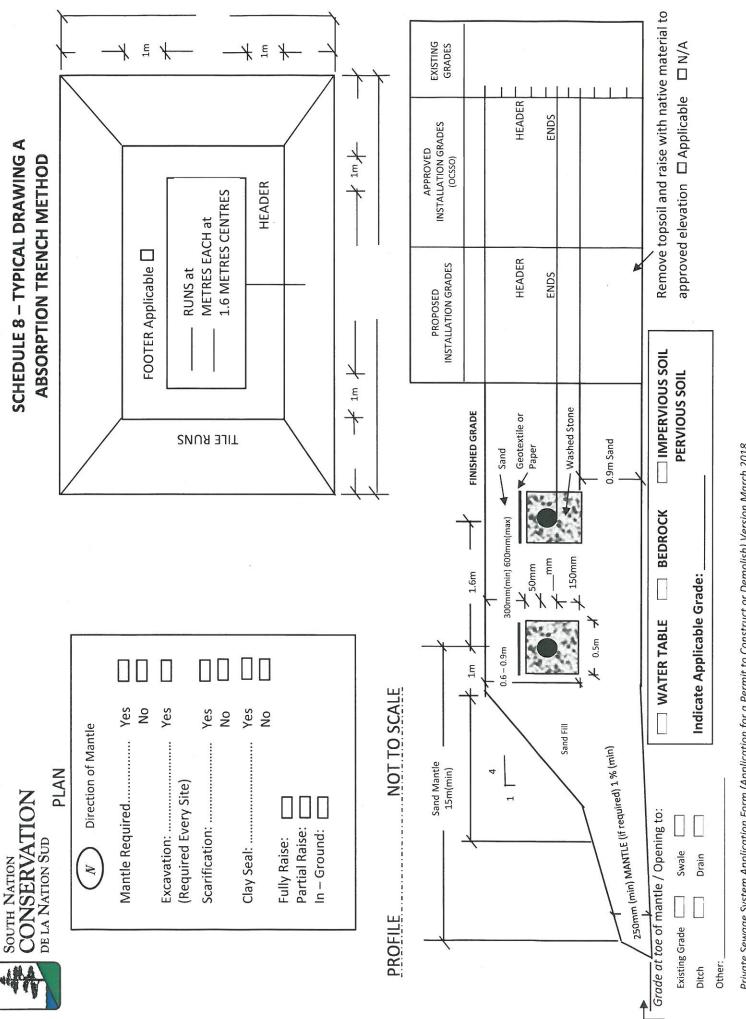
(Ontario Building Code Table 7.4.9.3 and Table 7.4.10.2)

	Fixtures	# Existing	÷	# Proposed	x	Unit Count	=	Fixture Count
BATHROOM	Bathroom group (toilet, sink and tub or shower) with flush tank		+		х	6	=	
	Bathtub with/without overhead shower		+		Х	1.5	Ш	
	Shower stall		+		Х	1.5	=	
	Wash basin (1 1/2 inch trap)		+		х	1.5	=	
	Watercloset (toilet) tank operated		÷	-	х	4	=	
	Bidet	- Q.	+		Х	L		
KITCHEN	Dishwasher		+		Х	T	=	
	Sink with/without garbage grinder(s), domestic and other small type single, double or 2 single with a common trap		+		х	1.5	=	
OTHER	Domestic washing machine		+		Х	1.5	Ħ	
	Combination sink and laundry tray single or double (installed on 1 1/2 trap)		+		х	1.5	=	

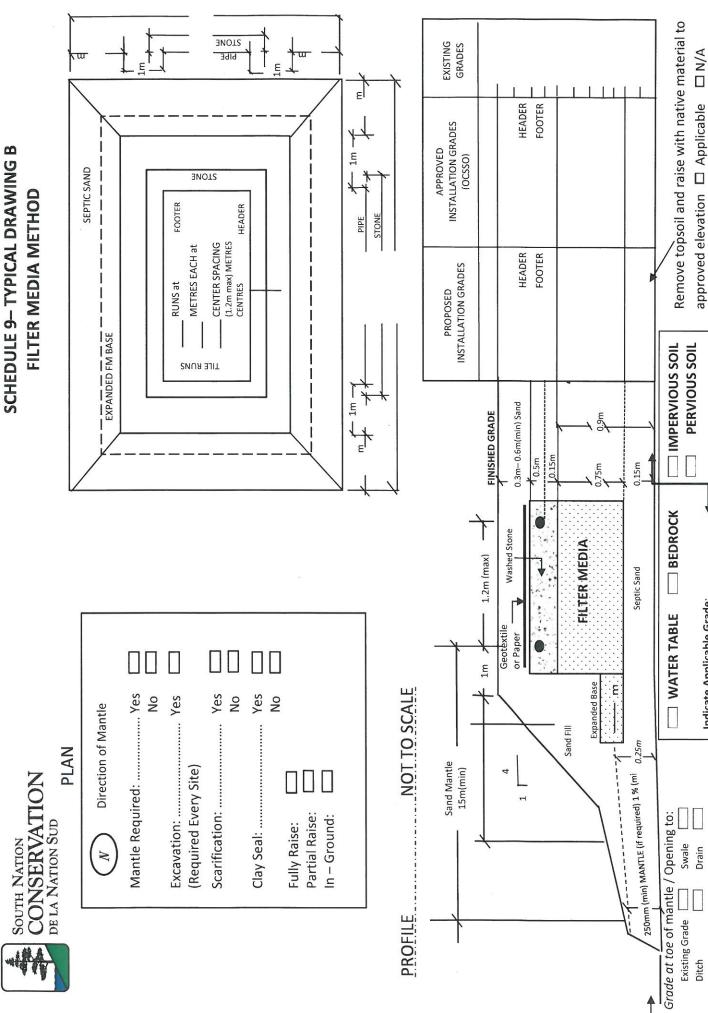
Insert the TOTAL in section 5 of Schedule 4 (0.Reb.403/97 Table 7.4.9.3).

- 1. 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 above-mentioned fixtures should be discharged separately to an approved Class 2 (leaching pit) sewage system.
- 2. 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)).

Date:



Private Sewage System Application Form (Application for a Permit to Construct or Demolish) Revised March 2018 Indicate Applicable Grade: Other:



Remove topsoil and raise with native material to GRADES EXISTING STONE HEADER/FOOTER blbE APPROVED INSTALLATION GRADES (OCSSO) SCHEDULE 10 – TYPICAL DRAWING C язадэн approved elevation STONE EVENLY SPACE TILE RUNS PIPE (1.2m max) METRES CENTRES CENTER SPACING m2 **METRES EACH at** HEADER/FOOTER 0.6m (max) of the perimeter of stone layer INSTALLATION GRADES HGWT **RUNS at** PROPOSED RECTANGULAR STONE LAYER **FOOTER** IMPERVIOUS SOIL PERVIOUS SOIL 0.3m (recommended) TWBH-1 FINISHED GRADE soils of 1min or less or greater than 50min 0.6m to HGWT where 0.2m (min) 0.30m (min) 0.05m 0.15m - m2 P Washed Stone Mantle 15m (min) (max) .0.6m BEDROCK SAND LAYER SAND T = 6 - 105% silt or less 1.2m (max) Geotextile or Paper 7 Indicate Applicable Grade: WATER TABLE 0 .0.6m max NOT TO SCALE Yes Yes Yes Yes No No No Direction of Mantle Mantle Required: Excavation: Scarification: Clay Seal: Sand Mantle 15m(min) 250mm (min) MANTLE (if required) 1 % (min) CONSERVATION PLAN (Required Every Site) Π Stabilized against erosion Grade at toe of mantle / Opening to: DE LA NATION SUD Permeable fill Partial Raise: In – Ground: Fully Raise: Swale Drain N PROFILE **Existing Grade** -Other: Ditch ₽

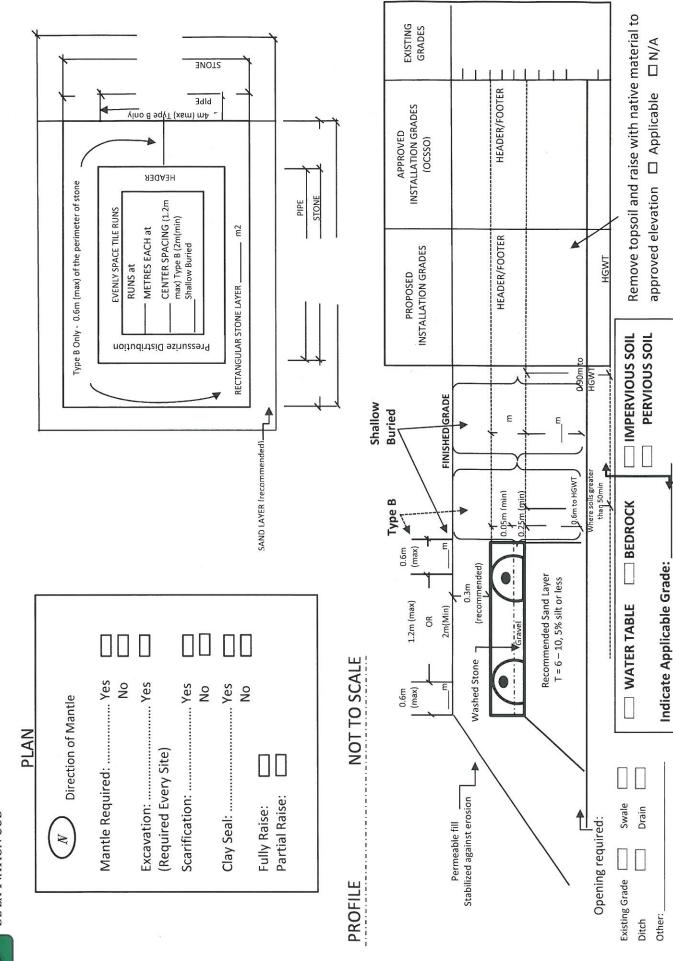
SOUTH NATION

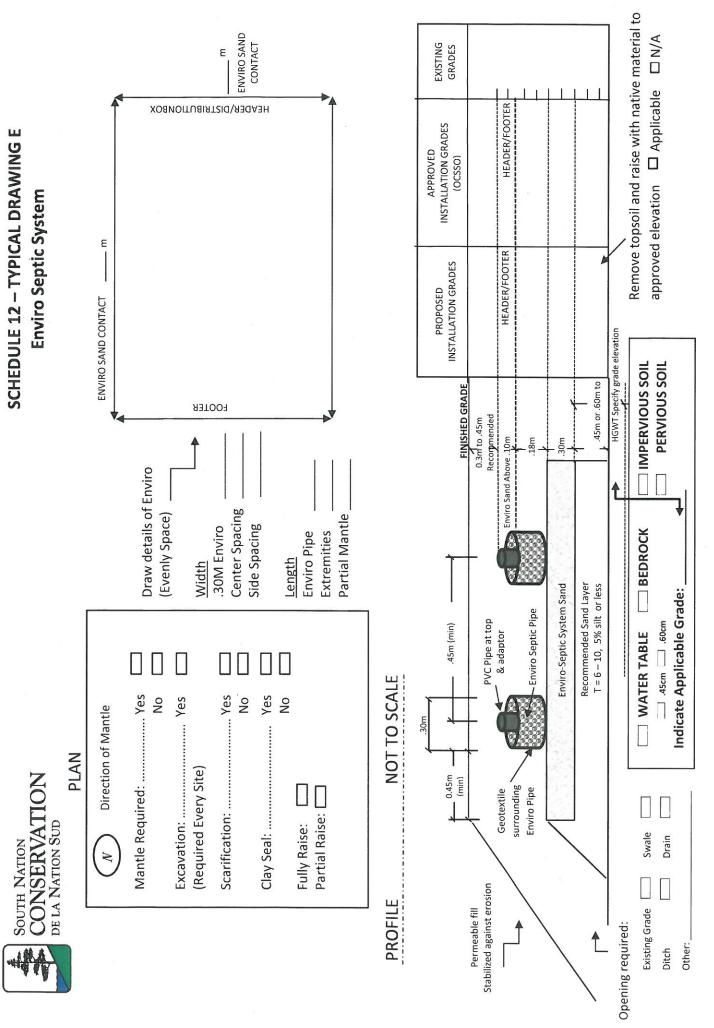
Private Sewage System Application Form (Application for a Permit to Construct or Demolish) Revised March 2018

A/N D Applicable



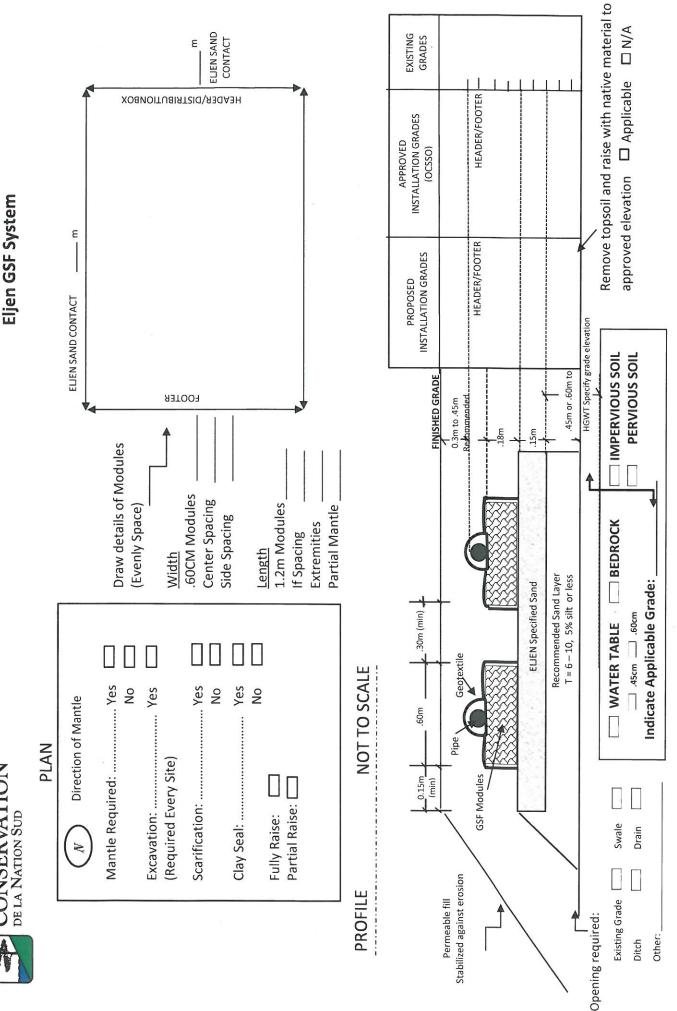
. DRAWING D	allow Buried
TYPICAL I	B 🗆 Sha
11 -	Bed B
SCHEDULE 11 -	Dispersal







SCHEDULE 13 – TYPICAL DRAWING F





SCHEDULE 14 - ONTARIO BUILDING CODE MAINTENANCE AND SERVICING REQUIRMENTS

This information sheet is designed to inform the property owner of the Ontario Building Code requirements for maintenance and servicing of the proposed treatment unit indicated on your design that is used in conjunction with the leaching bed constructed as a shallow buried, Type A, Type B dispersal bed and other types of septic system requiring maintenance and servicing under BMEC approval.

Building Code states:

8.9.2.3. Class 4 Sewage Systems

(1) Every Class 4 sewage system shall be operated in accordance with the literature required by Sentence 8.6.2.2.(6).

(2) No person shall operate a *treatment unit* other than a *septic tank* unless the person has entered into an agreement whereby servicing and maintenance of the *treatment unit* and its related components will be carried out by a person who,

- (a) possesses a copy of the literature required by Sentence 8.6.2.2.(6), and
- (b) is authorized by the manufacturer to service and maintain that type of *treatment unit*.

(3) The person authorized by the manufacturer to service and maintain the *treatment unit* and who has entered into the agreement referred to in Sentence (2) with the person operating the *treatment unit* shall notify the *chief building official* if,

(a) the agreement is terminated, or

(b) access for service and maintenance of the *treatment unit* is denied by the person operating the *treatment unit*.

8.9.2.4. Sampling of Treatment Units

(1) Every person operating a *treatment unit* that is used in conjunction with a *leaching bed constructed* as a *shallow buried trench*, *Type A dispersal bed* or *Type B dispersal bed* shall,

- (a) take a grab sample of the *effluent* to determine the level of CBOD₅ and suspended solids in the *effluent*,
- (b) carry out the sampling required by Clause (1)(a) in accordance with the methods described in the APHA/AWWA/WEF, "Standard Methods for the Examination of Water and Wastewater", and
- (c) promptly submit the results of the sampling required by Clause (a) to the *chief building official*.
- (2) Except as provided in Sentence (4), the sampling required by Sentence (1) shall be conducted,
- (a) initially, once during the first 12 months after the *sewage system* was put into use, and
- (b) thereafter, once during every 12-month period, at least 10 months and not more than 18 months after the previous sampling has been completed.

(3) The concentration of $CBOD_5$ and suspended solids in the grab sample described in Sentences (1) and (4) is deemed to comply with the maximum concentration requirements set out in Table 8.6.2.2. when it does not exceed 20 mg/L for each of these parameters.

(4) If the results of the sampling required by Sentence (1) do not comply with Sentence (3), the person operating the *treatment unit* shall,

- (a) resample the *effluent* in accordance with Clauses (1)(a) and (b) within 6 months after the previous sampling has been completed, and
- (b) promptly submit the results of the resampling required by Clause (a) to the *chief building official*.

At any time, the above requirements are not adhere, the sewage system located on your property will not be in conformity with the building code.

Signature of property owner