

# Application for a Sewage System

This form is authorized under subsection 8(1.1) of the Building Code Act.

For Use by Principal Authority		
Date Application Received:	Permit Number:	
Date Application Complete:	Roll Number:	
Permit Fee: \$	Deposit: \$	
Application submitted to: <b>Municipality of Central Huron</b> <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>		
A. Project Information		
Building Number, Street Name	Lot	Conc.
Town/City	Plan Number/Other Description	
Project Value Est. \$	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 <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"/> Authorized agent of owner		
Last Name	First Name	Corporation or Partnership
Street /Mailing Address		Town/City
Province	Postal Code	E-mail
Telephone Number (    )	Fax (    )	Cell Number (    )
D. Owner (if different from applicant)		
Last Name	First Name	Corporation or Partnership
Street /Mailing Address		Town/City
Province	Postal Code	E-mail
Telephone Number (    )	Fax (    )	Cell Number (    )

<b>E. Builder (optional)</b>			
Last Name	First Name	Corporation or Partnership (if applicable)	
Street /Mailing Address		Town/City	
Province	Postal Code	E-mail	
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 the <i>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. 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			
<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). 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 Building Code Act, 1992, 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 Building Code Act, 1992.		<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 Building Code Act, 1992 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>			
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	

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

## Schedule 2: Sewage System Installer Information

<b>A. Project Information</b>		
Building Number, Street Name	Lot Number	Concession
Town/City	Plan Number/Other Description	
<b>B. Sewage System Installer</b>		
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)		
<b>C. Registered Installer Information (where answer to B is "Yes")</b>		
Name	BCIN	
Street /Mailing Address	Town/City	
Province	Postal Code	E-mail
Telephone Number (     )	Fax Number (     )	BCIN (Building Code Identification Number)
<b>D. Qualified Supervisor Information (where answer to B is "Yes")</b>		
Name of qualified supervisor(s)	Building Code Identification Number (BCIN)	
_____	_____	
<b>E. Declaration of Applicant</b>		
I _____ declare that (choose one as appropriate): (Print Name)		
<input type="checkbox"/> I am the applicant for 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;		
<u>OR</u>		
<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 n 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	

## Sewage System Design Information

A. Type of Sewage System Proposed				
<input type="checkbox"/> New Development	<input type="checkbox"/> Replacement of Existing System	<input type="checkbox"/> Addition to Existing System	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
Class #	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Tile Bed	<input type="checkbox"/> Raised	<input type="checkbox"/> Partially Raised
	<input type="checkbox"/> Trench	<input type="checkbox"/> Filterbed	<input type="checkbox"/> Secondary Unit	<input type="checkbox"/> Tertiary Unit
B. Building Information				
The building to be serviced has the following (include roughed-in plumbing and any proposed additions e/g/ future basement washroom)				
	<b>Total # of Fixtures</b>	<b>X Fixture Unit =</b>		
<b>PLUMBING FIXTURES</b>				
Bathroom Grouping (toilet, sink, tub or shower)		x6		
<b>OR</b>				
<b>INDIVIDUAL UNITS</b>				
Toilets		x4		
Basin		x1.5		
Bathtub and/or Shower		x1.5		
Kitchen Sink/Dishwasher		x1.5		
Clothes Washing Machine		X1.5		
Separate Single Laundry Tub		x1.5		
<b>TOTAL FIXTURE UNITS</b>				
<b>FINISHED FLOOR AREA</b>	<b>m2</b>			
First Floor				
Second Floor				
Third Floor				
Other				
Other				
Total Inside Dimensions				
# of separate dwelling units				
Total # of bedrooms				
Basement	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Other:</b>				
Garbage Grinder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Whirlpool/Hot Tub/Spa	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a	<input type="checkbox"/> Water Filter	<input type="checkbox"/> and/or Water Softener	that backwashes into the sewage system	
Volume of backwash:	_____	<input type="checkbox"/> gallons	<input type="checkbox"/> litres	
Quantity of Sewage Flow (Q) from above information =	_____ litres per day			
C. Percolation Rates (T)				
Perc time of native soil for in-ground or partially raised system _____ min/cm				
Perc time of any imported soil to be used in the leaching bed construction _____ min/cm				
Depth of water table or bedrock from surface _____ min/cm				
<b>Note: Attach certified soil analysis or percolation test results (for existing and imported fill)</b>				

D. Calculation of Leaching Bed Size					
<p style="text-align: center;"><b>Tile Bed</b></p> <p><b>L = Length in metres of tile</b>  <b>Q = Quantity of sewage flow</b>  <b>T = percolation Rate in Minutes/Centimetre</b></p> <p><b>L = Q x T ÷ 200</b></p> <p>L = _____ x _____ ÷ _____ metres</p>	<p style="text-align: center;"><b>Tertiary System</b></p> <p><b>Make</b> _____</p> <p><b>Model</b> _____</p>				
<p>Total area coverage in square metres of the disposal bed and mantle _____ (Loading Rate)</p> <p><b>Septic Tank Size</b>  Residential – Minimum tank size is 2 (Q) or 3600L whichever is greater = _____ Litres  Commercial – 3 (Q) = _____ Litres</p>					
E. Water Supply					
<p>Note: All wells within 30 metres, whether or not in use, must be plotted on site plan and listed below</p>				<input type="checkbox"/> Existing	<input type="checkbox"/> Proposed
Type of Supply Source	<input type="checkbox"/> Municipal	<input type="checkbox"/> Dug or Bored Well	<input type="checkbox"/> Drilled Well	<input type="checkbox"/> Sandpoint Well	<input type="checkbox"/> Lake, River or Stream
F. Site Plan					
Front Yard	Rear Yard	Side Yard		Side Yard	
Zoning		Source Water Protection Area		Conservation Authority Area	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>An aerial and cross sectional site plan is required and must contain the following information: (Please initial each line or checkmark to verify the information is accurately plotted on the site plan)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Location and dimensions of all buildings</li> <li><input type="checkbox"/> All wells in use or otherwise within a 30 metre (100ft) radius of the proposal</li> <li><input type="checkbox"/> All existing and proposed structures and swimming pools</li> <li><input type="checkbox"/> All driveways and proposed access routes for septic system in maintenance</li> <li><input type="checkbox"/> The location of any unsuitable, disturbed or compacted areas</li> <li><input type="checkbox"/> All water bodies and ditches, drain tiles, swamps, flood plain or areas prone to flooding</li> <li><input type="checkbox"/> And slopes (include slope degree and direction)</li> <li><input type="checkbox"/> All filed drains, underground hydro, water services and basement drains</li> <li><input type="checkbox"/> Proposed system layout including all system components including mantles and their setbacks from structure, lot lines an wells</li> <li><input type="checkbox"/> The cross-sectional view of the proposal which includes house, tank and tile bed elevations as well as existing and finished ground levels or grades (recommend bench mark of tiles)</li> </ul>					
G. Approval					
<input type="checkbox"/> Recommended		<input type="checkbox"/> Recommended with Conditions (see below)		<input type="checkbox"/> Not Recommended (see below)	
<p><b>Permit Issue By:</b> _____ <b>Signature</b> _____ <b>Date</b> _____</p>					
<p><b>Conditions/Comments:</b></p>					