



# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

## For use by Principal Authority

Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: Tay Valley Township  
 (Name of municipality, upper-tier municipality, board of health or conservation authority)

### 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 <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 address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

### D. Owner (if different from applicant)

Applicant is:		<input type="checkbox"/> Owner or	<input type="checkbox"/> 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 ( )	

<b>E. Builder (optional)</b>				
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 (     )	
<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.			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): _____				
<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 <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
<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 2E5 (416) 585-6666.

## Schedule 1: Designer Information

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

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
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/con.	
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax number (    )	Cell number (    )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
House	HVAC – House	Building Structural	
Small Buildings	Building Services	Plumbing – House	
Large Buildings	Detection, Lighting and Power	Plumbing – All Buildings	
Complex Buildings	Fire Protection	On-site Sewage Systems	
Description of designer's work			
<b>D. Declaration of Designer</b>			
I _____ declare that (choose one as appropriate):			
(print name)			
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: _____			
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: _____			
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	

**NOTE:**

1. For the purposes of this form, "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.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, issued by the Ontario Association of Architects. 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.

## Schedule 2: Sewage System Installer Information

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	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?			
Yes (Continue to Section C)		No (Continue to Section E)	
		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 address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<p>I _____ declare that:</p> <p style="margin-left: 40px;">(print name)</p> <p style="margin-left: 40px;">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;</p> <p><u>OR</u></p> <p style="margin-left: 40px;">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.</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Date</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Signature of applicant</p>			



I, Property Owner Name, being the legal owner of the subject property (described below), authorize Authorized Agent Name (contact information below) to apply for a sewage system permit and the associated site inspections on my behalf. I accept responsibility to ensure that all information provided for the septic system permit is true and accurate.

\_\_\_\_\_  
Signature of Legal Owner

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Month / Day / Year  
Date

Subject Property Information		Authorized Agent Information	
Civic Address		Mailing Address	
Township/ Former Ward		Phone	
Roll Number		Fax	
Lot	Concession	BCIN (if applicable)	
Sublot	Plan		

Do Not Complete Permit No _____ Revision No _____ Date _____
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**Schedule 4  
Proposed Services  
Complete Sections 1 thru 7**

**1. Engineered**

- Yes
- No

**2. Water supply**

- Proposed
- Existing

**3. Type of work proposed**

- New Installation
- Replacement
- Alteration

**4. Type of Well**

- Dug/bored/Sandpoint well
- Drilled well
- Municipal
- Other

**5. Residential Sewage Design Flow Info.**

Bedrooms \_\_\_\_\_  
 House (floor area) \_\_\_\_\_ m<sup>2</sup>  
 People \_\_\_\_\_  
 Total Fixture Units \_\_\_\_\_ (Schedule 8)  
 Residential Flow \_\_\_\_\_ L/day

**6. Sewage Design Flow Other Occupancies**

Design Flow \_\_\_\_\_ L/day  
 Detailed sewage flow calculations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. Type of System**

Effluent Filter/Risers ONLY

Tank/Treatment Unit/Pump Chamber ONLY

Class 2 – Leaching Pit

Class 4 – Leaching Bed (see 7A.)

Class 3 – Cesspool

Class 5 – Holding Tank (9000L min)

**7A. Type of Leaching Bed**

Class 4 Treatment Unit  
 \_\_\_\_\_

Class 4 – **BMEC Area Bed** (Schedule 11)

Class 4 – **Trench** (Schedule 9)  
 Fully raised  In-ground  
 Partially raised

Fully raised  In-ground  
 Partially raised

Class 4 – **Filter Media** (Schedule 10)  
 Fully raised  In-ground  
 Partially raised

Class 4 – **“Type A” Dispersal** (Schedule 13)  
 Fully raised  In-ground  
 Partially raised

Class 4 – **Shallow Buried Trench**

Class 4 – **“Type B” Dispersal** (Schedule 14)  
 Fully raised  In-ground  
 Partially raised

Do Not Complete  
 Permit No \_\_\_\_\_  
 Revision No \_\_\_\_\_  
 Date \_\_\_\_\_

### Schedule 5 Sewage System Details

Type of System \_\_\_\_\_ ( Schedule 4)

Septic/Holding Tank Size: \_\_\_\_\_ Litres      Make: \_\_\_\_\_

Septic Tank Effluent Filter Make: \_\_\_\_\_ Model: \_\_\_\_\_

Treatment Unit – Make & Model \_\_\_\_\_

Number of Units: \_\_\_\_\_ Other: \_\_\_\_\_

Refer to Typical Drawing # \_\_\_\_\_ Pump(s) required \_\_\_\_\_

Mantle Information:      Pump Rate \_\_\_\_\_ L/15min

Native or imported =15m in \_\_\_\_\_ direction(s)      **Note:** Alarm required for all

Slope subgrade \_\_\_\_\_ % slope      pumping systems

\_\_\_\_\_ direction(s)

Site to be Scarified (If clay)	YES / NO	Clay Seal Required (If bedrock)	YES / NO
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**Trench**

Distribution Pipe Length \_\_\_\_\_ m

Loading Area \_\_\_\_\_ m<sup>2</sup>

Type of Chamber \_\_\_\_\_

Length of Chamber \_\_\_\_\_ m

**BMEC Area Bed**

**Type A**

**Type B**

Stone \_\_\_\_\_ m<sup>2</sup>

Sand \_\_\_\_\_ m<sup>2</sup>

Pipe \_\_\_\_\_ m

Linear Loading \_\_\_\_\_ L/m<sup>2</sup>

**Tank/Treatment Unit/  
Pump Chamber Replacement ONLY**

**Effluent Filter & Riser ONLY**

**Shallow Buried Trench**

Pipe Length \_\_\_\_\_ m

**Filter Media Bed**

Stone \_\_\_\_\_ m<sup>2</sup>

Extended Base \_\_\_\_\_ m<sup>2</sup>

Pipe \_\_\_\_\_ m

Weight of Filter Media \_\_\_\_\_ Kg

Loading Area \_\_\_\_\_ m<sup>2</sup>

**Construction Notes:**

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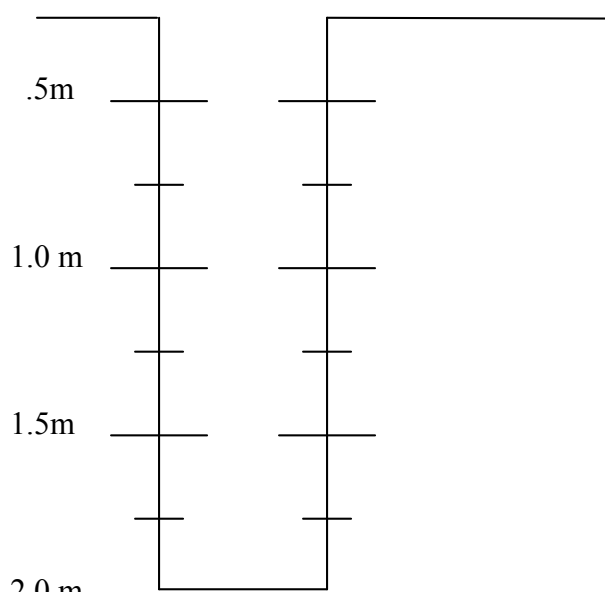
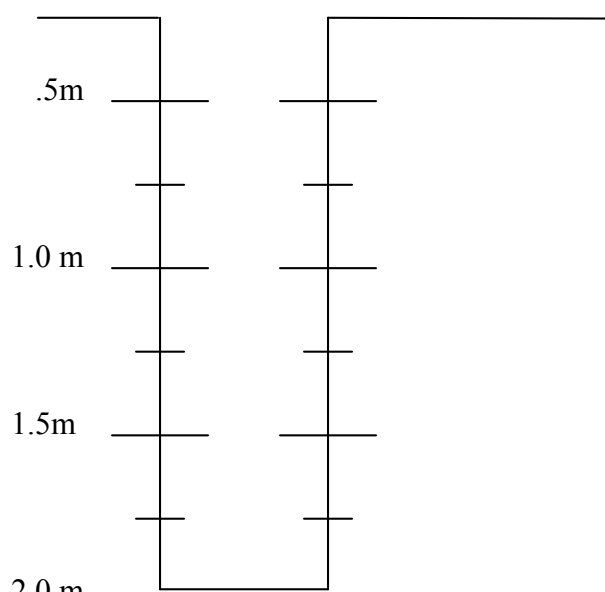


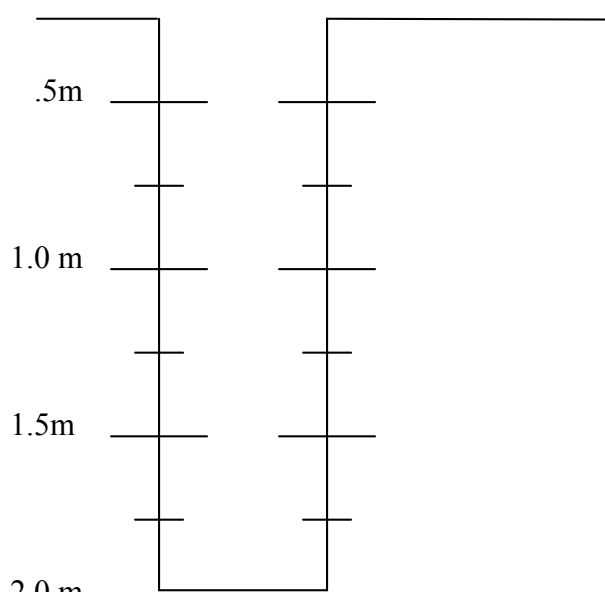
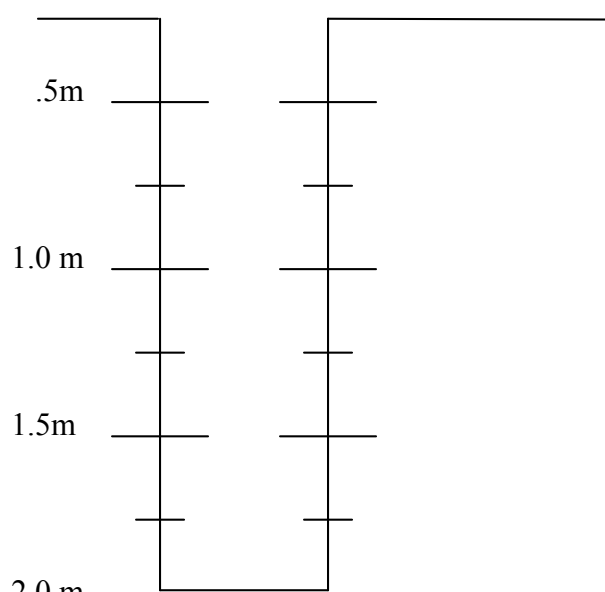
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Do Not Complete  
 Permit No \_\_\_\_\_  
 Revision No \_\_\_\_\_  
 Date \_\_\_\_\_

**Schedule 6**  
**Soil and Water Table Information**  
**(Minimum depth of test pit: 2 metres)**

Name of Applicant/Agent: _____ Date: _____ Time: _____ Applicant/Agent Signature: _____	Inspector: _____ Date: _____ Time: _____ Inspector Signature: _____
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<b>Applicant</b>		<b>Inspector</b>	
EG (.....)    Soil Description	T	EG (.....)    Soil Description	T
			

<b>Applicant</b>		<b>Inspector</b>	
EG (.....)    Soil Description	T	EG (.....)    Soil Description	T
			

**LEGEND**

BR = Bedrock  
 GWT = Ground water table

HGWT = High ground water table  
 M = metres

EG = Existing grade  
 T = percolation rate

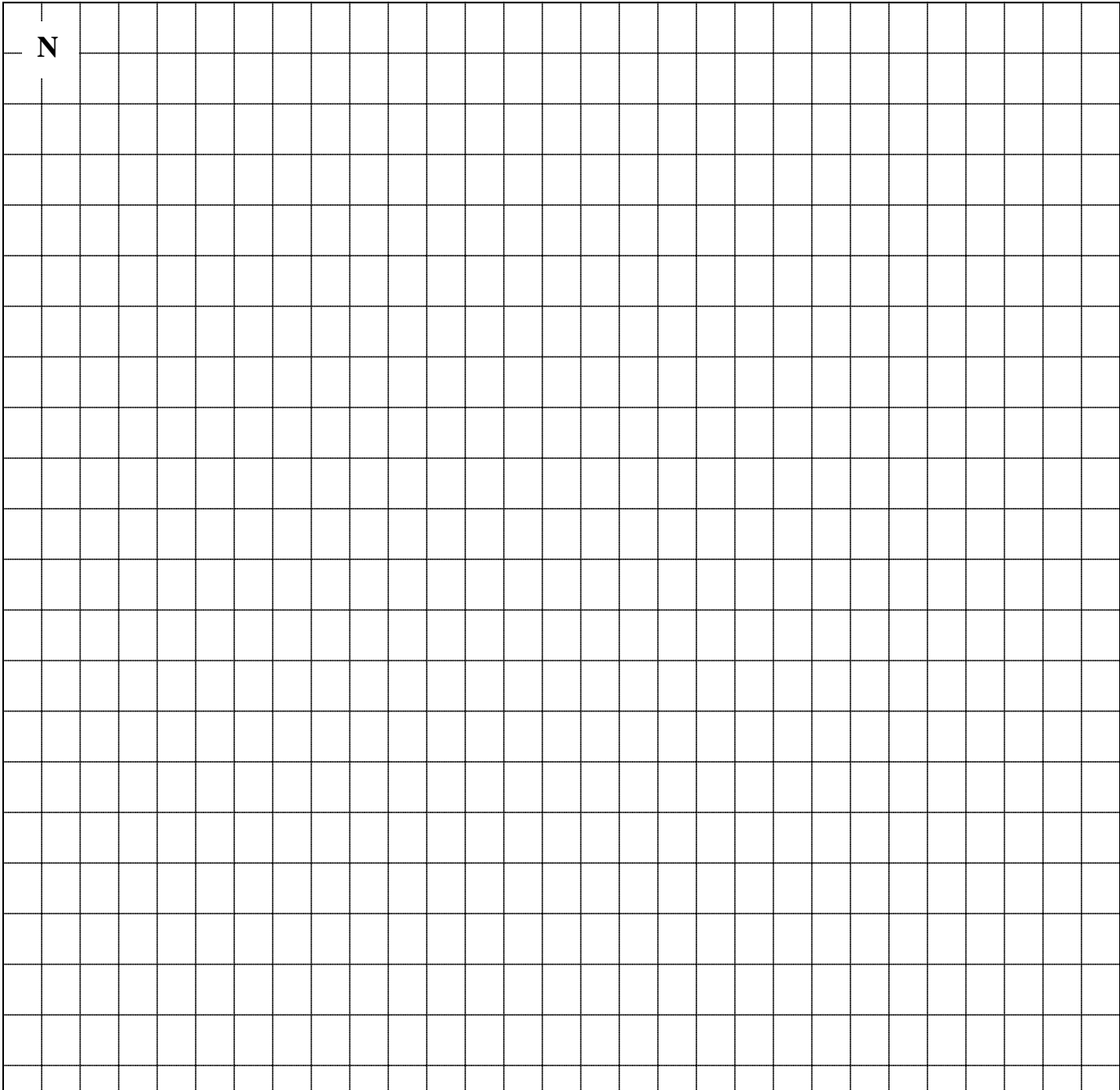


Do Not Complete  
 Permit No \_\_\_\_\_  
 Revision No \_\_\_\_\_  
 Date \_\_\_\_\_

Scale: 1Block = \_\_\_\_\_

**Schedule 7  
 Layout Section**

N



○Dug Well ●Drilled Well ▲Neighbouring Homes ◇Benchmark ---Tile Drainage —Property Line

Elevations (metric only)  
 B.M \_\_\_\_\_ m  
 B.M Description \_\_\_\_\_  
 \_\_\_\_\_  
 Exact Location \_\_\_\_\_  
 \_\_\_\_\_

Min. of 5 elevations in proposed system area  
 (in X pattern)  
 X<sub>1</sub> \_\_\_\_\_ X<sub>2</sub> \_\_\_\_\_  
 X<sub>3</sub> \_\_\_\_\_ X<sub>4</sub> \_\_\_\_\_  
 X<sub>5</sub> \_\_\_\_\_ X<sub>6 (toe)</sub> \_\_\_\_\_  
 X<sub>7</sub> \_\_\_\_\_ X<sub>8</sub> \_\_\_\_\_

Do Not Complete Permit No _____ Revision No _____ Date _____
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**Schedule 8  
Fixture unit count**

<b>Fixtures</b>	<b># Existing + # Proposed</b>		<b>X</b>	<b>unit count</b>	<b>=</b>	<b>Fixture Count</b>
<b>Bathroom</b>						
Bathroom group (toilet, sink and tub or shower) with flush tank		+	X	6	=	
Bathtub with/without overhead shower		+	X	1.5	=	
Shower stall		+	X	1.5	=	
Wash basin (1½inch trap)		+	X	1.5	=	
Watercloset (toilet) tank operated		+	X	4	=	
Bidet		+	X	1	=	
<b>Kitchen</b>						
Dishwasher <sup>3</sup>		+	X	1	=	
Sink with/without garbage grinder(s), domestic and other small type single, double or 2 single with a common trap		+	X	1.5	=	
<b>Other</b>						
Domestic washing machine <sup>2</sup>		+	X	1.5	=	
Combination sink and laundry tray single or double (Installed on 1½ trap)		+	X	1.5	=	

**\* Total:**

**\*Insert the TOTAL in section 5 of Schedule 4 (0.Reg 151/13 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 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) ).
3. Dishwasher - No load/fixture unit if connected to domestic sink.

\_\_\_\_\_  
Agent/Owner signature

\_\_\_\_\_  
Date



# PLAN

mantle required: Yes

No

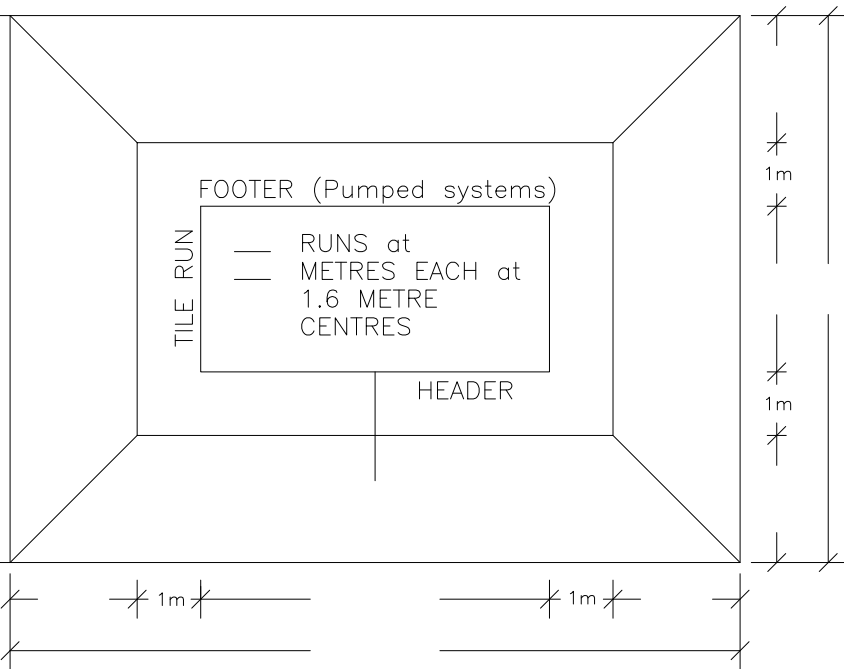
scarification required: Yes

No

clay seal required: Yes

No

LOADING AREA = \_\_\_\_\_m<sup>2</sup>



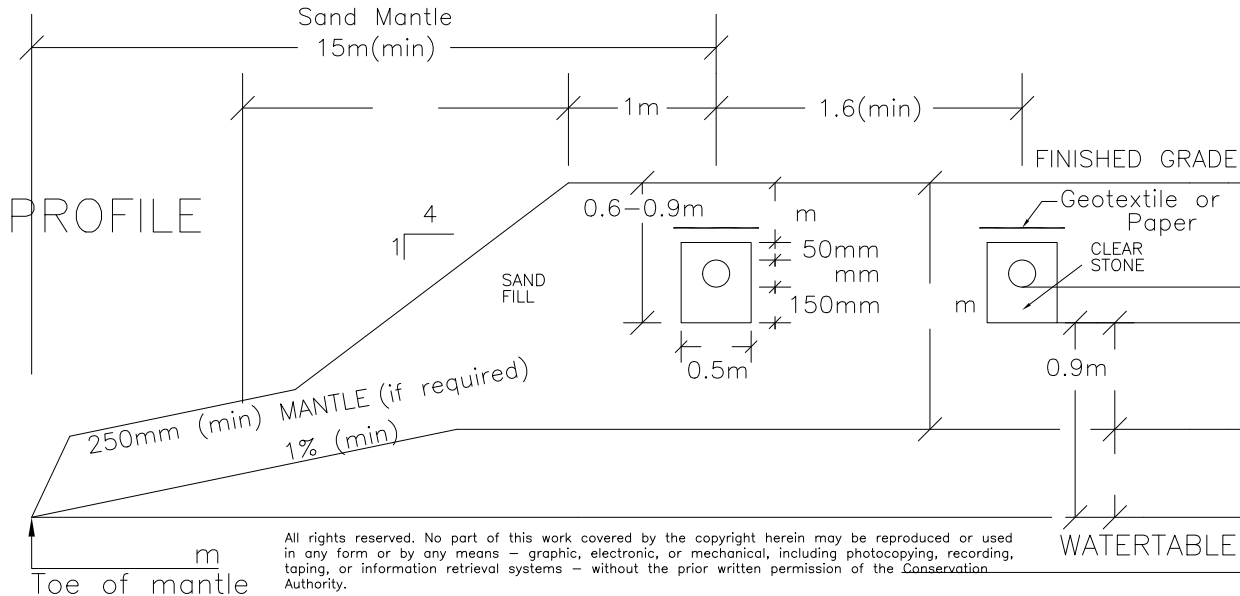
NOT TO SCALE



## SCHEDULE 9 – TYPICAL DRAWING A BURIED OR RAISED TILE BED – ABSORPTION TRENCH METHOD

\_\_\_\_\_  
MANAGER, O.S.S.O.

\_\_\_\_\_  
DATE



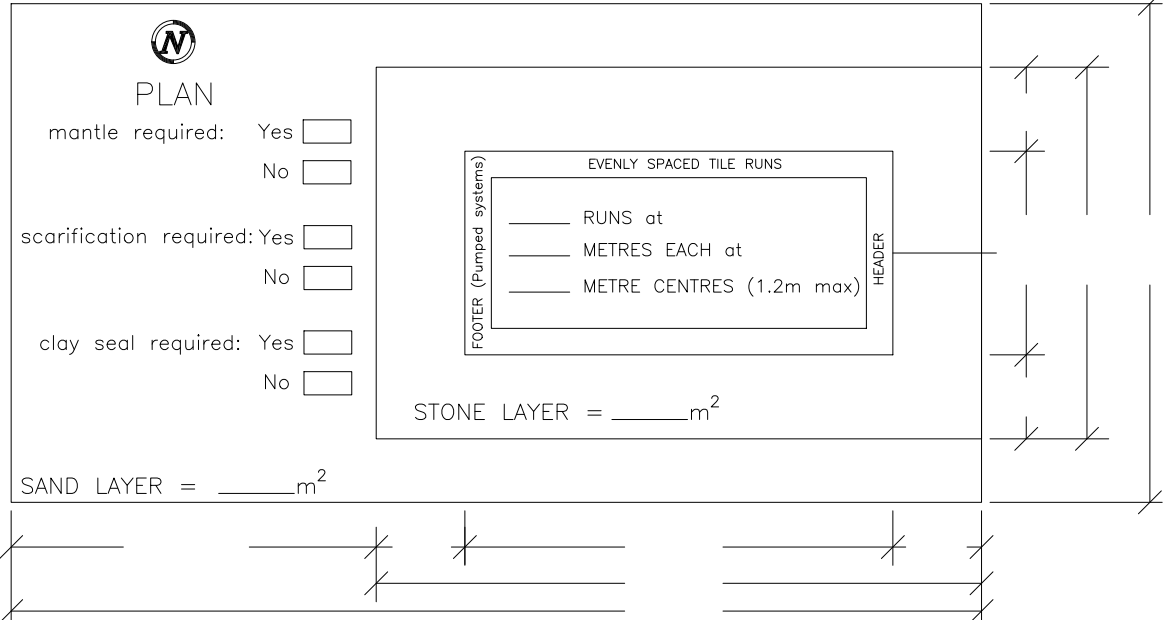
PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES	EXISTING GRADE

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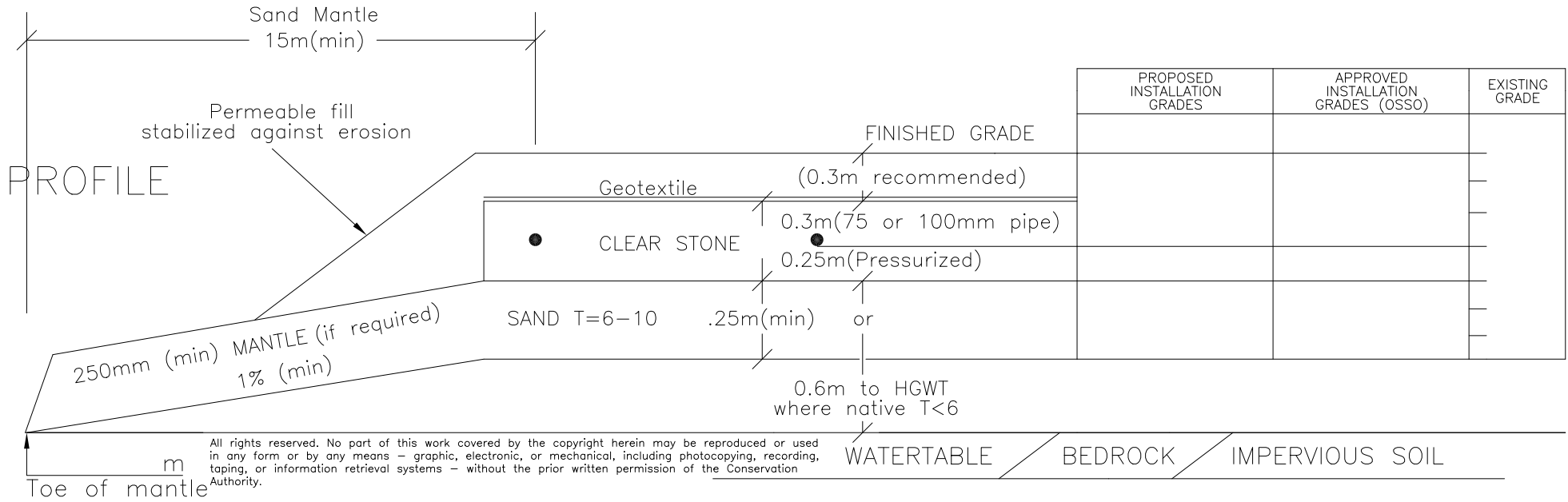


SCHEDULE 11 – TYPICAL DRAWING C  
 BURIED OR RAISED TILE BED – AREA BED METHOD  
**BMEC**

\_\_\_\_\_  
 MANAGER, O.S.S.O.      \_\_\_\_\_  
 DATE



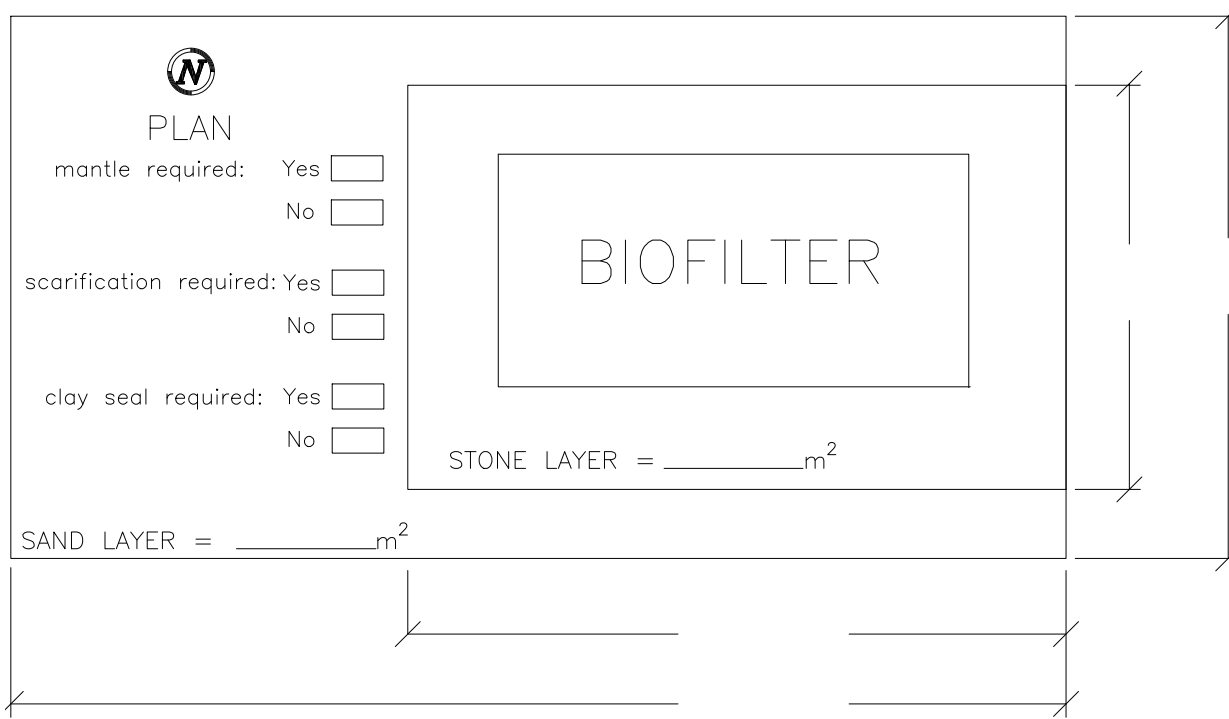
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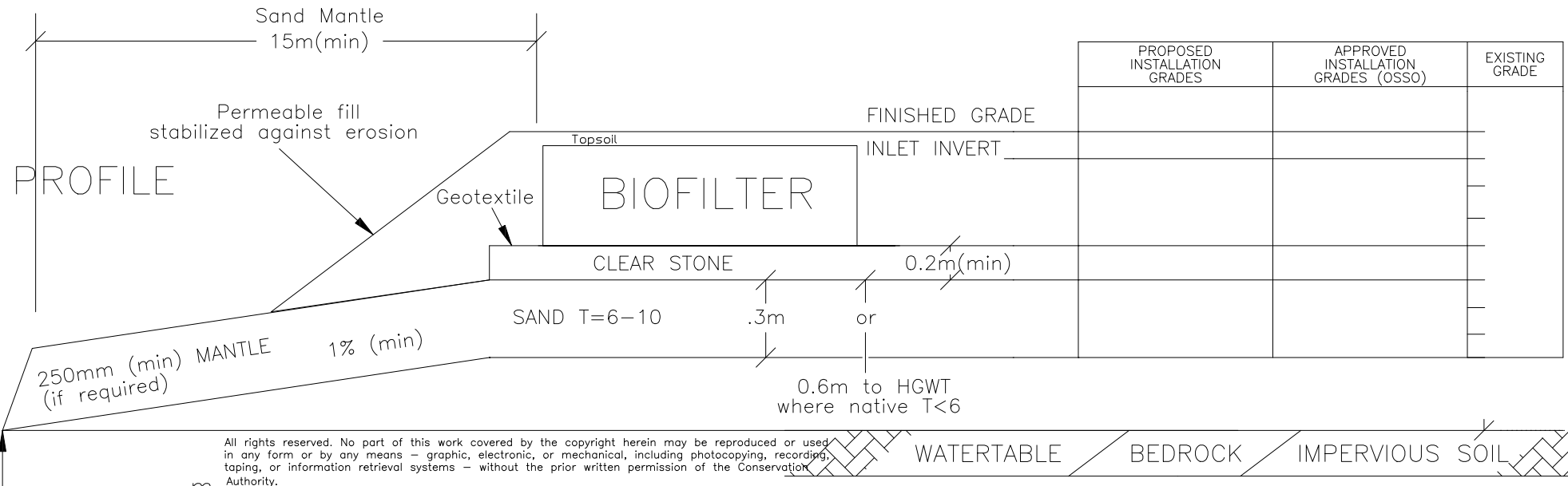
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SCHEDULE 12 – TYPICAL DRAWING D  
BIOFILTER METHOD

MANAGER, O.S.S.O. \_\_\_\_\_ DATE \_\_\_\_\_



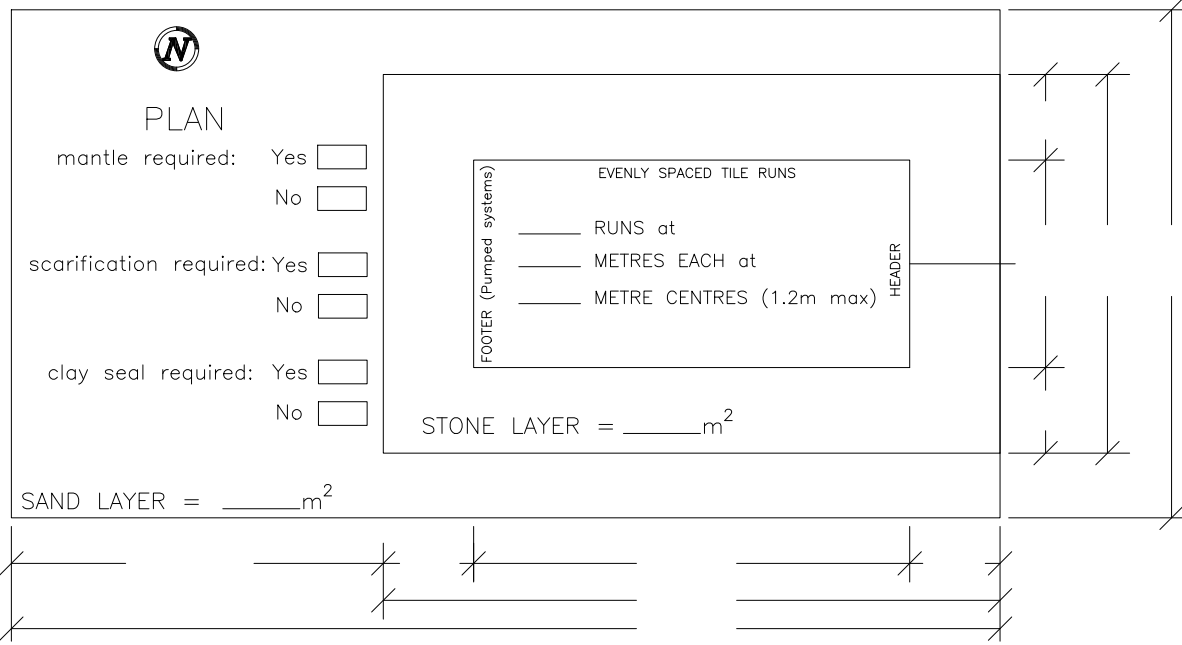
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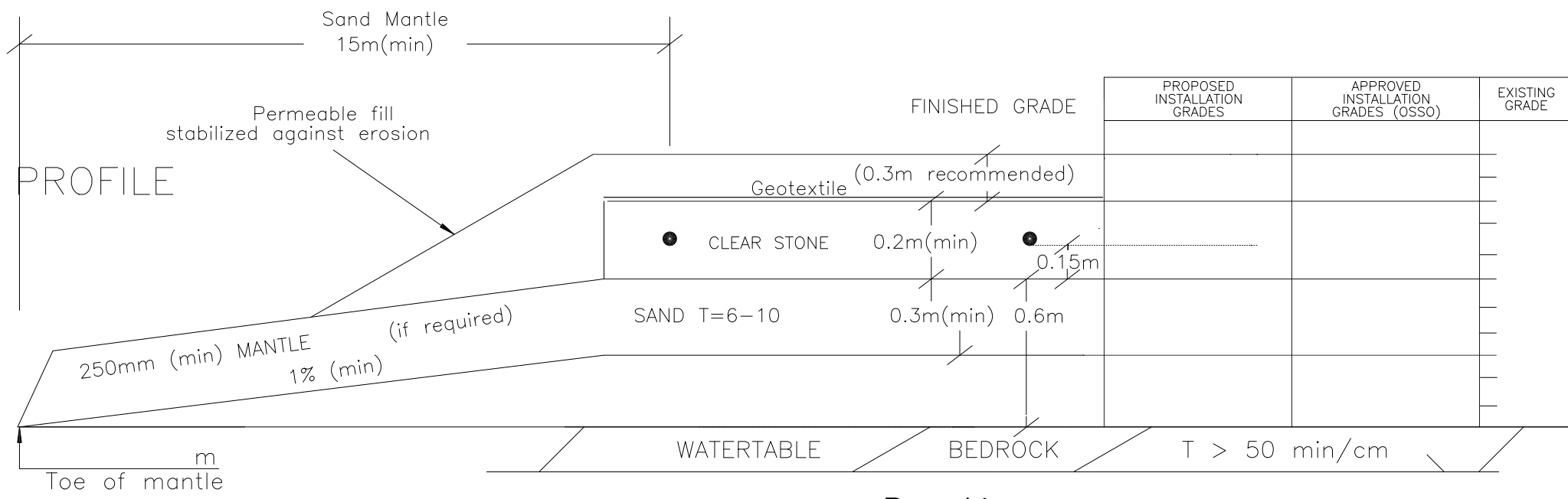
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SCHEDULE 13 – TYPICAL DRAWING E  
Type A Dispersal Bed

MANAGER, O.S.S.O. \_\_\_\_\_ DATE \_\_\_\_\_



NOT TO SCALE





PLAN

mantle required: Yes

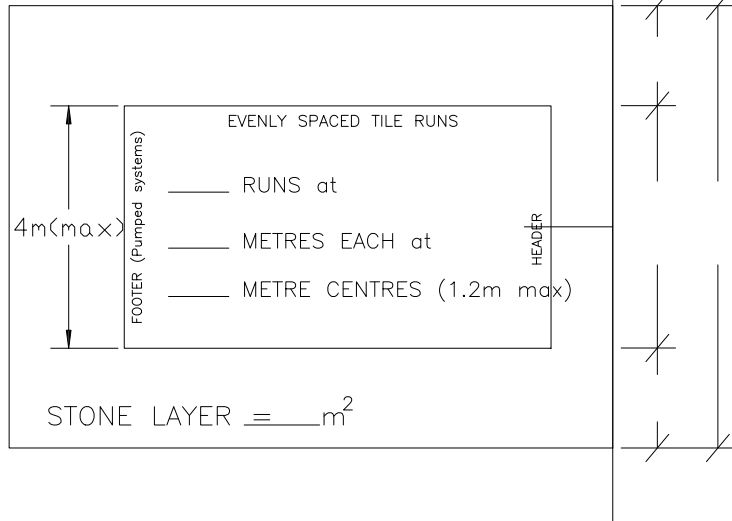
No

scarification required: Yes

No

clay seal required: Yes

No



SCHEDULE 14 – TYPICAL DRAWING F  
Type B Dispersal Bed

\_\_\_\_\_  
MANAGER, O.S.S.O.      DATE

PROFILE

