



Application for a Sewage System Permit

The following forms must be completed and returned with the appropriate fee.

1. Application for a Permit to Construct or Demolish;
2. Schedule 1: Designer Information;
3. Schedule 2: Installer Information;
4. Proposed Sewage System Design
5. Side Profile Design (If Required);
6. Lot Diagram;
7. Floor Plan (New Build Only if Available);
8. Documents Establishing Compliance with Applicable Law (where required); and
9. Authorization Letter (where required).

Sewage System Inspectors can only provide comments based on completed applications and plans. Once a completed application has been received and reviewed, an inspector will visit the property to inspect test holes and the site. The applicant will either be issued a Permit or a letter advising the applicant of the reason(s) why it was not issued.

No work is to commence until a Permit has been issued.

Once a Permit has been issued, there shall be no change in the plans, specifications, documents or other information on which the permit was issued unless, written authorization has been obtained from the Sewage System Inspector.

Upon commencement of the installation, it is the **responsibility** of the owner/applicant to **arrange for the necessary inspections** prior to backfilling.

The City of Kawartha Lakes will not be held responsible for incorrect information provided in this application package.

This application can be submitted to any of the following locations:

Lindsay Service Centre	705-324-9411 ext.1288
Bethany Service Centre	705-277-2321
Bobcaygeon Service Centre	705-738-2363
Coboconk Service Centre	705-454-3322
Kirkfield Service Centre	705-438-3141
Omeme Service Centre	705-799-5254

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: _____ (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 ²)	
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)			
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.			<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): _____				
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.			<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
I. Declaration of applicant				
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.

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:			
<ol style="list-style-type: none"> 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

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Sewage system installer			
<p>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?</p> <p> <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) </p>			
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:			
<p>I _____ declare that:</p> <p style="margin-left: 40px;">(print name)</p> <p> <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; </p> <p>OR</p> <p> <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. </p> <p>I certify that:</p> <ol style="list-style-type: none"> 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. <p style="margin-top: 20px;"> _____ Date Signature of applicant </p>			



Roll No. _____

Proposed Sewage System Design

Class of System 2 or 3, 4 5 Install Alter/Repair **Test Hole Provided** Yes No

Directions to property:

Size of Lot: Length _____m Width _____m Area _____m²

Water Supply:

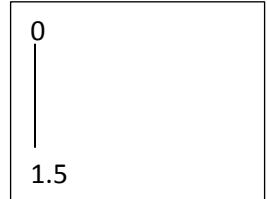
- Drilled Well (Water-tight Casing Depth _____ m)
- Dug Well
- Bored Well
- Municipal Water
- Other: _____
- Existing or Proposed

Soils Conditions:

Est. Perc Rate: _____ min/cm
 Bedrock Level: _____ m
 High Water Level: _____ m

Date of Assessment: _____

Soil Profile (m):



Site Information:

Fixture Unit Type	No of Fixtures	Fixture Unit Value	Total
Water Closet (Flush Tank Toilet)		4	
Hand Wash Basin		1.5	
Bathtub and/or Shower		1.5	
Kitchen Sink		1.5	
Dishwasher (Non-Direct Connect)		1.0	
Clothes Washer		1.5	
Laundry Tub (If Not Connected to CW)		1.5	
Bathroom Group		6	
Other			
			Total Fixture Units:

Number of Bedrooms: _____

Total Area of Living Space on Property (includes guest cabins, bunkies, lofts, etc): _____ m²

Daily Sewage Flow Calculation:

- A. Base Flow from Number of Bedrooms: _____ L (max 5)
- B. Each Additional Fixture Unit over 20: _____ x50= _____ L
- C. Additional Area of Living Space over 200m²:
 - i. Each 10m² over 200m² up to 400m²: _____ x100 = _____ L
 - ii. Each 10m² over 400m² up to 600m²: _____ x75 = _____ L
 - iii. Each 10m² Greater Than 600m²: _____ x50 = _____ L
- D. Additional Bedrooms over 5: _____ x500 = _____ L

Total Daily Sewage Flow: A plus the greater of B or C or D = _____ L/day

Method of Detection

- Magnetic means Tracer wire (14 gauge TW solid copper light coloured plastic coated)
- Other means of subsurface detection, please specify _____

Tank(s)

Septic Tank Size (Residential Occupancy): DSF x 2 (3600L min) = _____ L; Proposed: _____ L

Septic Tank Size (Non-Residential Occupancy): DSF x 3 (3600L min) = _____ L; Proposed: _____ L

Conventional Trench

Daily Sewage Flow (DSF) x T/200 = _____ m; Proposed: _____ m;

Request for Reduction: Type _____; DSF x T/300 = _____ m

Percolation Rate of Fill (if required): _____ min/cm;

If Raised, Height above existing grade to bottom of stone layer: _____ m

Filter Bed

Filter Bed Area: <3000L/day DSF/75 = _____ m²; Proposed _____ m²

>3000L/day DSF/50= _____ m²; proposed _____ m²

No of Pods: _____; Arranged as _____ x _____ m²

Level II, III, or IV Treatment Unit DSF/100= _____ m²; Proposed _____ m²

Expanded Contact Area: QT/850= _____ m²; Proposed _____ m²

If Raised, Height above existing grade to bottom of stone layer: _____ m

Loading Rate Area

Daily Sewage Flow/Loading Rate Factor = _____ m²; Proposed _____ m²

Receiving Soil Percolation Rate	Loading Rate Factor
1 < T ≤ 20	10
20 < T ≤ 35	8
35 < T ≤ 50	6
T > 50	4

15 m Extended Sand Mantle

Required: Yes No Native

Alternative Treatment Units

Manufacturer: _____ Model: _____

BMEC/BNQ#: _____ Daily Sewage Flow Capacity: _____ No. of Units: _____

Type A Dispersal Bed/BMEC Area Bed

Stone Area: <3000L/day DSF/75= _____ m²; Proposed _____ m²

>3000L/day DSF/50= _____ m²; Proposed _____ m²

Sand Area: Perc Rate ≤ 15 min/cm QT/850= _____ m²; Proposed _____ m²

Perc Rate > 15 min/cm QT/400= _____ m²; Proposed _____ m²

15 m Extended Sand Mantle: Yes No Native

Type B Dispersal Bed

Dispersal Area= DSF x T/400= _____ m² Or DSF/loading rate (using table 2-8 of BCMOH)= _____ m²

Linear Loading Rate= DSF/40(where T ≥ 24)= _____ m = DSF/50(where T < 24)= _____ m

Or From Table 2-11 of BCMOH where required = _____ m

If Raised, Height above existing grade to bottom of stone layer: _____ m

Class 2, 3 or 5 Sewage System

Class 2 or 3: Size _____ m²; Configured as Length _____ m x Width _____ m x Height _____ m

Wall Structure _____; Type of Cover _____

Class 5:

Holding Tank Size (Residential Occupancy): DSF x 7 (9000L min) = _____ L; Proposed: _____ L

Holding Tank Size (Non-Residential Occupancy): DSF (9000L min)= _____ L; Proposed: _____ L



Lot Diagram

Indicate North and show the following required information with proposed or existing setbacks where necessary:

- Sewage System Components (tank, bed, etc)
- Existing Sewage Systems
- Structures (Proposed or Existing, incl. pools)
- Property Lines
- Topographical Features (steep slope, swamp)
- Water Supplies (incl. neighbours) and other water features (lakes, streams, rivers, etc)
- Loading Rate Area
- 15 metre Mantle Area
- Driveways
- Direction of Slope

Note: Loading rate areas and mantles are to be free of structures.

Owner/Installer/Designer

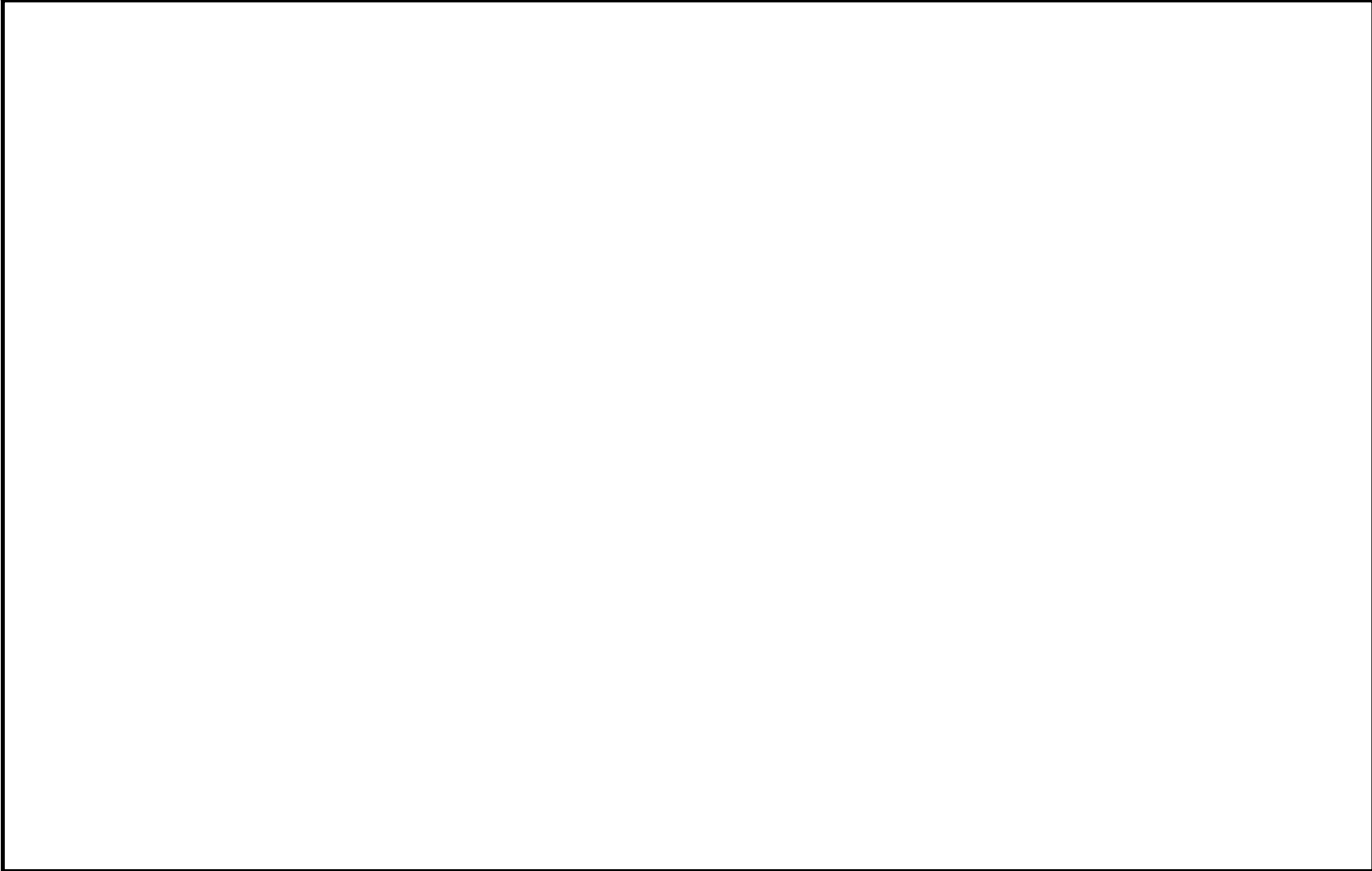
Signature

Date

Side View Diagram: (If Sewage System is Raised or Site is Sloped)

Indicate the following required information

- Original Grade Finished Grade Height Above Impervious Soil, Water Table, or Bedrock
- Profile of the Materials that make up the Septic Bed and Load Rate Area (fill, filter sand, filter sand contact area, 15 m extended sand loading rate area, pipe, stone)

A large, empty rectangular box with a black border, intended for drawing a side view diagram of a sewage system.

Owner/Installer/Designer

Signature

Date



OWNER AUTHORIZATION

(This is required if the legal owner(s) is authorizing another party to obtain a Building Code Permit on their behalf)

I/we, _____, being the legal owner(s) of the property described as
(owners name)

Lot _____, Concession _____, Parts(s)/Sublot(s) _____ of Plan _____,

Roll Number _____,

in the Municipality of _____, located at Civic Address

_____, certify that _____
(address) (Authorized Agent)

is authorized to submit an application for the purposes of obtaining a Building Code Permit in accordance with Ontario Regulation 332/12, and to act as my/our representative for any associated site inspections.

I/we certify that all information and material provided for the purpose of this application is accurate.

Signature of Legal Owner(s) Date

Signature of Authorized Agent Date