

Permit #
Receipt #
Date Rec'd



# APPLICATION FORM & PROPOSAL FOR ON-SITE SEWAGE SYSTEM BUILDING PERMIT

**NOTE:** The property owner, applicant, designer and installer of the sewage system retain full responsibility for knowing the requirements of the Building Code Act & Ontario Building Code and ensuring that the sewage system is designed in accordance with the regulatory requirements and installed in accordance with the approved plans. By submitting this document you agree that the information provided can be shared with your local municipality and/or designer/installer and/or other persons as deemed necessary or involved in the project on the property in question.

If the listed applicant is not the property owner, please provide a **Letter of Authorization** from the registered property owner.

A guide to this application form is available from the Trent Lakes Municipal office or available online at [www.trentlakes.ca](http://www.trentlakes.ca) under our Build Menu - Septic Systems.

**All submissions can be made through [ca.cloudpermit.com](http://ca.cloudpermit.com)**

**Owner communication method:**  Mail  E-mail  Fax  Pick Up  
**Installer communication method:**  Mail  E-mail  Fax  Pick Up

1. Name of property owner _____ Phone no. (_____) _____ Email _____	2. Name of installer <input type="checkbox"/> Licensed <input type="checkbox"/> Unknown <input type="checkbox"/> Owner Install _____ Phone no. (_____) _____ Email _____
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PROPERTY INFORMATION				
Property Address				
Municipality				
Lot	Con.	Sub-lot	Plan	Parcel
Assessment roll no.				

Directions to lot: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The proposed system will be (check appropriate box):

**CLASS 2: GREYWATER PIT**

**CLASS 3: CESSPOOL**

**CLASS 4: LEACHING BED/TANK**  Tank & bed  Tank only  Bed only  Treatment unit

**CLASS 5: HOLDING TANK**

# Application for a Permit to Construct or Demolish

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

<b>For use by Principal Authority</b>				
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)				
<b>A. Project information</b>				
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>B. Purpose of application</b>				
New construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building		Current use of building		
Description of proposed work				
<b>C. Applicant</b>				
		Applicant is:	Owner or	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>D. Owner (if different from applicant)</b>				
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>			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</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. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <p style="text-align: center;">             _____              Date <span style="margin-left: 200px;">Signature of Designer</span> </p>			

**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 practice, a limited license to practice, 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="text-align: center;">(print name)</p> <p>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>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="text-align: center;">_____</p> <p style="text-align: center;">Date <span style="margin-left: 200px;">Signature of applicant</span></p>			

## Schedule 3: Site Evaluation Form

### TEST PIT

Sub-surface conditions encountered:

		Applicant's Use		Inspector's Use	
Indicate <u>depth</u> to bedrock, T>50, &/or ground water table (where present):	<u>Depth (m)</u>	<u>Soil type</u>	<u>T-time</u>	<u>Soil type</u>	<u>T-time</u>
Test hole(s) available for inspection: YES      NO					

**Water Supply:**       Proposed       Existing

Lake     
  Drilled well     
  Dug well     
  Other (specify): \_\_\_\_\_

Shore road allowance owned: N/A    YES    NO    Municipal zoning \_\_\_\_\_

Has the lot been previously severed?    YES    NO    Zoning approval(s) attached?    YES    NO

Lot dimensions: Frontage (m) \_\_\_\_\_ Depth (m) \_\_\_\_\_ Area (m<sup>2</sup>) \_\_\_\_\_

### Inspector's Report:

Date: _____ Time: _____ Weather: _____	Suitable for in-ground installation:    YES    NO    PARTIAL Proposed height of raised bed (m): _____ Increased setbacks required?            YES            NO Setback distances adhered to:            YES            NO
Person(s) in attendance	MLA existing:            YES            NO            PARTIAL
Watercourses on lot: YES    NO    Name: _____ SRA owned: N/A    YES    NO	Proposal acceptable & meets OBC requirements? YES    NO            Acceptable with changes _____ _____ _____
Applicable Law:      N/A MTO    HYDRO    EP    OTHER: _____ Increased municipal setbacks required:    YES    NO O.Reg. 177/06 (North Bay office only):    YES    NO	Inspector's signature: _____ Date: _____
Slope _____ Vegetation _____	

**Comments/concerns/additional information required:**

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Property address \_\_\_\_\_

Schedule 4: Design Criteria

DESCRIPTION	DWELLING #1		BOATHOUSE		SLEEPING CABIN		Other: _____		# UNITS PER FIXTURE	FIXTURE UNITS
	Existing	Proposed	Existing	Proposed	Existing	Proposed	Existing	Proposed		
Bathroom group (toilet, sink, tub/shower)									x 6 =	
Additional toilet									x 4 =	
Bathtub or shower(*)									x 1.5 =	
Additional sinks(**)									x 1.5 =	
Kitchen sink(**)									x 1.5 =	
Dishwasher									x 1 =	
Washing machine									x 1.5 =	
Laundry tub									x 1.5 =	
Other: _____										
<b>FIXTURE UNITS</b>									Total:	
<b>FINISHED FLOOR AREA</b>		m <sup>2</sup>		m <sup>2</sup>		m <sup>2</sup>		m <sup>2</sup>	Total:	m <sup>2</sup>
<b># OF BEDROOMS</b>									Total:	

\* Tub/shower combos count as 1.5 units

\*\* Sinks whether double or single count as 1.5 units

DESIGN FLOW CALCULATION TABLE				
Residential Occupancy			Volume (L)	Flows
Bedroom flow (A)	1 bedroom dwelling		750	
	2 bedroom dwelling		1100	
	3 bedroom dwelling		1600	
	4 bedroom dwelling		2000	
	5 bedroom dwelling		2500	
Extra bedroom flow (B)	Each bedroom over 5,		500	
Living area flow (C)	Each 10 m <sup>2</sup> (or part thereof) over 200 m <sup>2</sup> up to 400 m <sup>2</sup> ,		100	
	Each 10 m <sup>2</sup> (or part thereof) over 400 m <sup>2</sup> up to 600 m <sup>2</sup> , and		75	
	Each 10 m <sup>2</sup> (or part thereof) over 600 m <sup>2</sup> , or		50	
Fixture count flow (D)	Each fixture unit over 20 fixture units		50	

**Daily Design Sewage Flow, Q = \_\_\_\_\_ liters/day A + (B or C or D)**

**OFFICE USE ONLY**

\_\_\_\_\_ APPROVED      \_\_\_\_\_ NOT APPROVED      DATE: \_\_\_\_\_

Property address \_\_\_\_\_

## Schedule 5: Proposal to Construct

Propose to \_\_\_\_\_ a Class \_\_\_\_\_ sewage system to serve \_\_\_\_\_  
(construct, install, alter, extend, enlarge, replace, etc.) (facility: e.g. single family dwelling, motel, etc.)

Is the land currently vacant? YES NO Additions / renovations proposed? YES NO

If replacing, is there a permit for the system on the property? YES NO Permit # \_\_\_\_\_

Is the existing system failing? YES NO Explain: \_\_\_\_\_

Is there more than one system on the property? YES NO Permit # \_\_\_\_\_

Will the proposed system service more than one building? YES NO List: \_\_\_\_\_

Provide **proposed** information rather than minimum requirements:

Class 2 Greywater Pit  Class 3 Cesspool (For flow calculations see OBC Part 8, 8.4.1.2(2): Q cannot exceed 1000 L/D)

Type of Class 1 on site:  Privy  Composting  Chemical  Other: \_\_\_\_\_

Wall structure:  Cement block  Rock  Wood  Other: \_\_\_\_\_

Sidewall area: m<sup>2</sup> Length: m Width: m Depth: m Type of cover: \_\_\_\_\_

Septic Tank  Class 5 Holding Tank  Treatment Unit  Digester Tank

New  Use existing Size \_\_\_\_\_ Permit # \_\_\_\_\_  Level II  Level III  Level IV

Proposed working capacity: \_\_\_\_\_ Liters Make / Model of treatment unit: \_\_\_\_\_

T-time (min/cm): \_\_\_\_\_ Method of subsurface detection: \_\_\_\_\_ Pump required?  No  Effluent  Raw  TBD

Class 4F Filter Bed  
Number of beds: \_\_\_\_\_ Bed area: \_\_\_\_\_ m<sup>2</sup>  
Raised height (above grade): \_\_\_\_\_ m Contact Area: \_\_\_\_\_ m<sup>2</sup>

Mantle loading area: \_\_\_\_\_ m<sup>2</sup>  Native  Imported Length \_\_\_\_\_ m x Width \_\_\_\_\_ m

Class 4 Trench Bed  
Total length: \_\_\_\_\_ m Raised height (above grade): \_\_\_\_\_ m

Mantle loading area: \_\_\_\_\_ m<sup>2</sup>  Native  Imported Length \_\_\_\_\_ m x Width \_\_\_\_\_ m

Type A / B  
Stone area: \_\_\_\_\_ m<sup>2</sup> Sand area:  Native (supply sieve analysis)  Imported  
Sand area: \_\_\_\_\_ m<sup>2</sup> Raised height (above grade): \_\_\_\_\_ m

SBT / BNQ / BMEC /  
Other (Fill accordingly)

**OFFICE USE ONLY**

\_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED

DATE: \_\_\_\_\_



Property address \_\_\_\_\_

## Schedule 6: Site Plan Diagram

Designer on file: \_\_\_\_\_

Installer on file: \_\_\_\_\_

PROPOSAL

**DRAWING REQUIREMENTS: PLEASE CHECK (IF ATTACHING A SEPARATE DIAGRAM PLEASE ENSURE THESE ARE INDICATED)**

- 1 Copy of site plan submitted**
- Property owners name and property address (civic);
- Lot size, property dimensions, roads, existing rights-of-way, easements, or municipal/utility corridors;
- Show and identify neighboring properties, including wells (indicate if none);
- Show location and size of all proposed and existing sewage system components (tanks, pump chambers, alarms, distribution bed) and the test pits;
- Show the direction of surface water flow, as well as any surface water (i.e. creek, pond, lake) on or adjacent to the property and provide the common name;
- Indicate directions of North on the site plan;
- Indicate distances to all utilities (i.e. telephone, HYDRO lines above and below ground); and
- Show the distances from pipes in bed and tank to ALL buildings, structures, property lines, surface water, easements, rights-of-way, driveways and wells (including neighboring wells)**

**PROPOSED DISTANCES (Actual, not minimum)**

**Distribution pipe (or stone area) distances:**

to closest structure: \_\_\_\_\_ m

to closest lot line: \_\_\_\_\_ m

to well on lot: \_\_\_\_\_ m

to neighboring wells: \_\_\_\_\_ m / \_\_\_\_\_ m

to surface water: \_\_\_\_\_ m

**Septic tank/Treatment unit distances:**

to closest structure: \_\_\_\_\_ m

to closest lot line: \_\_\_\_\_ m

to well on lot: \_\_\_\_\_ m

to neighboring wells: \_\_\_\_\_ m / \_\_\_\_\_ m

to surface water: \_\_\_\_\_ m

Property address \_\_\_\_\_

## Schedule 7: Cross Sectional Diagram

Designer on file:

Installer on file:

PROPOSAL

**DRAWING REQUIREMENTS: PLEASE CHECK (IF ATTACHING A SEPARATE CROSS SECTION PLEASE ENSURE THESE ARE INDICATED)**

**1 Copy of Cross-Sectional Diagram Submitted**

- Property owners name and property address (civic);
- Depth of topsoil;
- Depth of crushed stone;
- Depth of filter medium used;
- Depth and dimensions of contact area required;
- Depth to bedrock/groundwater table;
- Depth to hardpan/soils T-time >15min/cm;
- Height above/below existing grade of ground surface;
- Show side slopes of bed/mantle;
- Existing grade/finished grade; and
- Distance between pipes.

Depth to bedrock/GWT/  
hardpan/soils T-time >50: \_\_\_\_\_m

Check appropriate:  Dug In  Raised  3 sides open

Proposed raised height above existing grade : \_\_\_\_\_m

Existing grade: \_\_\_\_\_

Finished side slope ratio: \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED

DATE: \_\_\_\_\_

# Attention Applicant or Agent

- I agree to comply with the provisions of the Ontario Building Code, as amended. I further agree that neither the granting of a permit, nor the approval of plans, nor inspections made by the Building Inspector shall in any way relieve me from my responsibility for carrying out the work in accordance with the legislation mentioned above. I also understand that it is my responsibility to arrange for the necessary inspections as specified in writing by the Inspector at the time of permit issuance.
- Applicants are responsible for ensuring that the information provided is true and accurate. I also understand that, 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 is first received from the Building Inspector. Trent Lakes will not be held responsible for incorrect information provided herein by the applicant.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

- The Inspector will return all applications, which are incomplete or unsigned. This application does not constitute a permit.
- **No work shall commence until a permit has been issued.**



[trentlakes.ca](http://trentlakes.ca)

760 County Road 36

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1-800-374-4009 **Fax:** 705-738-3801

**Email:** [development@trentlakes.ca](mailto:development@trentlakes.ca)