

OFFICE USE ONLY

Date Received	
Permit Number	
Receipt #	



Class 3,4 & 5 On- Site Sewage System Building Permit Application

Class of System	<input type="checkbox"/> Class 3 Cesspool	<input type="checkbox"/> Class 4 Leaching Bed/ Tank	<input type="checkbox"/> Class 5 Holding Tank	Repair/ Replace <input type="checkbox"/> Tank/ Bed <input type="checkbox"/> Tank Only <input type="checkbox"/> Bed Only <input type="checkbox"/> Treatment Unit
	If Class 4:	<input type="checkbox"/> Conventional Leaching Bed <input type="checkbox"/> Chamber System leaching bed	<input type="checkbox"/> Filter Media bed <input type="checkbox"/> Shallow Buried Trench*	<input type="checkbox"/> Type A Bed* <input type="checkbox"/> Type B Bed*

* These sewage systems require a level IV treatment unit certified to the CAN/BNQ 3680-600 standard, or a treatment unit described in the Supplementary Standard SB-5.

NOTE: The property owner, applicant, designer and installer of the sewage system retain full responsibility for knowing the requirements of the Building Code Act and 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.

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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Directions to Lot: _____

Documents Required for Application Submittal

- Application for Permit
- Schedule 1: Designer Information
- Schedule 3: Site Evaluation Form
- Schedule 4: Design Criteria
- Schedule 5: Proposal to Construct
- Schedule 6: Design Drawings
- Schedule 7: Cross Sectional Diagram
- Agent Authorization Letter (if applicant is not owner)

Office Use Only		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Insp. Initials: _____ Date: _____

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: <u style="text-decoration: underline;">Loyalist Township</u> <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>			
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			
<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"> 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. <p style="text-align: center;"> _____ Date Signature of Designer </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 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			
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)
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="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"> 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>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

Schedule 3: Site Evaluation Form

Test Pit Sub-Surface Native soil conditions encountered		Applicant's Use		Inspector's Use	
Indicate depth to bedrock, T > 50 &/or ground water table (where present)	Depth (m)	Soil Type	T-Time	Soil Type	T-Time
Test hole(s) available for inspection <input type="checkbox"/> Yes <input type="checkbox"/> No					

Structure: <input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial – Attach separate copy of the specifications and plans			
Water Supply: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing	<input type="checkbox"/> Drilled well	Casing Depth: _____ m		Other:	
	<input type="checkbox"/> Dug, bored, or blasted well	<input type="checkbox"/> Municipal			
Lot Dimensions: Frontage: _____ m Depth: _____ m Area: _____ m ²					

Inspector's Report:

Date: _____ Time: _____ Weather: _____	Proposal acceptable and meets OBC requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Acceptable with Changes				
Person(s) in attendance:	Notes:				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Watercourses on lot:</td> <td style="width: 80%;">Name: _____</td> </tr> <tr> <td style="text-align: center;">Yes No</td> <td></td> </tr> </table>	Watercourses on lot:	Name: _____	Yes No		
Watercourses on lot:	Name: _____				
Yes No					
Applicable Law: N/A MTO HYDRO EP OTHER: _____ Increased building code setbacks required: YES NO Setback distances adhered to: Yes No					
Slope: _____ Vegetation: _____	Inspector's signature _____				
Suitable for inground installation: Yes No Partial Proposed height of raised bed (m): _____	Date: _____				
Increased setbacks required? Yes No					

Comments/ concerns/ additional information required: (office use only) _____

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 (1toilet, 1sink, 1tub/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 =	
Floor Drains									X 2 =	
Other: _____										
FIXTURE UNITS									Total:	
FINISHED FLOOR AREA		m ²		m ²		m ²		m ²	Total:	m ²
# OF BEDROOMS									Total:	

* Tub/shower combos count as 1.5 units, additional shower heads (2-3 = 3 f/u, 4-6 = 6f/u

** Sinks in addition to bathroom group ass 1.5 units each or if separate trap/drain

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 ² (or part thereof) over 200 m ² up to 400 m ² ,		100	
	Each 10 m ² (or part thereof) over 400 m ² up to 600 m ² , and		75	
	Each 10 m ² (or part thereof) over 600 m ² , or		50	
Fixture count flow (D)	Each fixture unit over 20 fixture units		50	

Daily Design Sewage Flow, Q = _____ litres/day A+ (B or C or D whichever is larger)

Schedule 5: Proposal to Construct

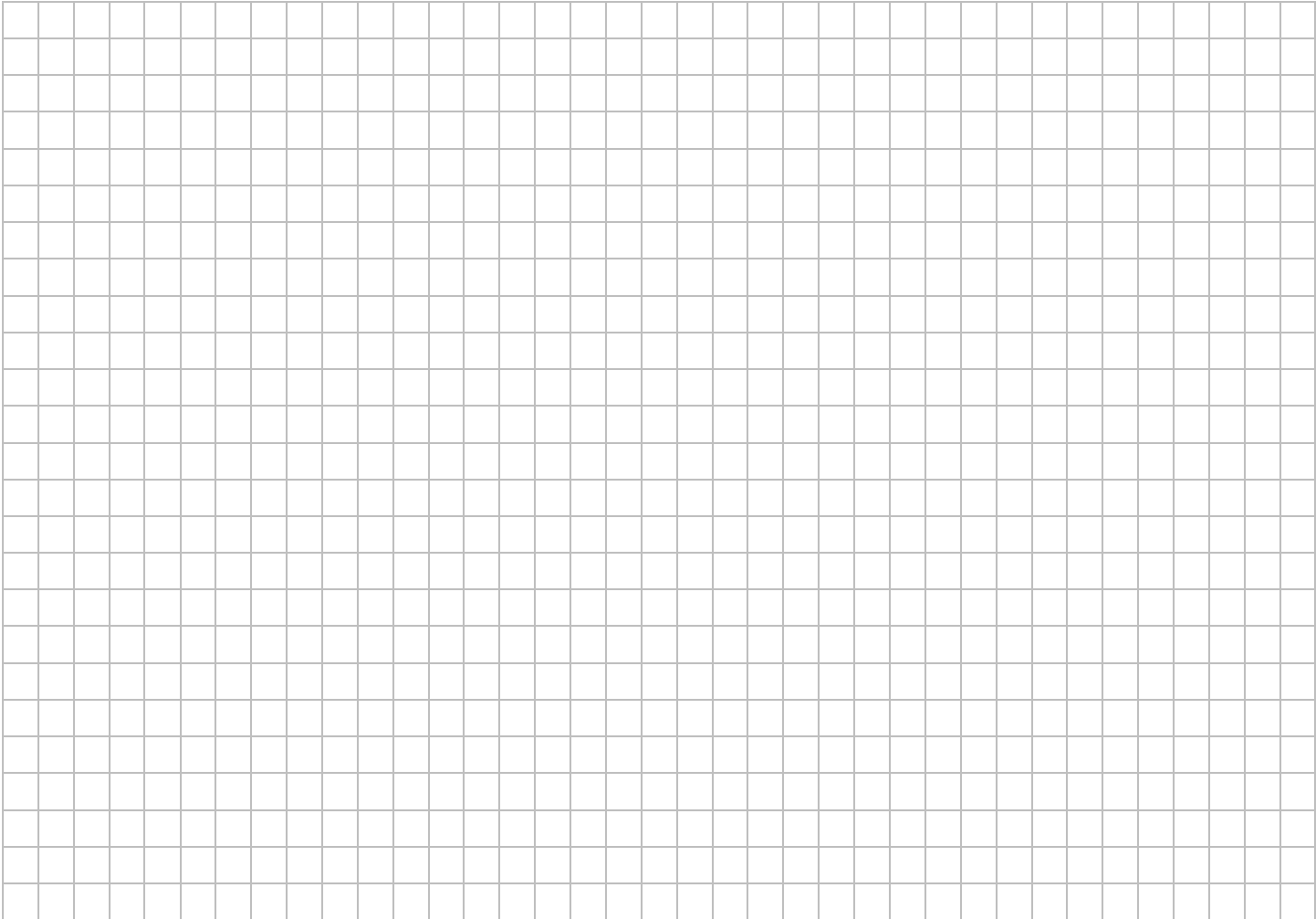
Propose to _____ a Class _____ sewage system to serve _____.
(construct, install, alter, extend, enlarge, replace etc.) (Facility: i.e. Single family dwelling, motel, garage)

Is the land currently vacant? Yes No
 Is there more than one system on the property? Yes No
 If system is servicing more than one building, please list: _____

Provide proposed information rather than minimum requirements:

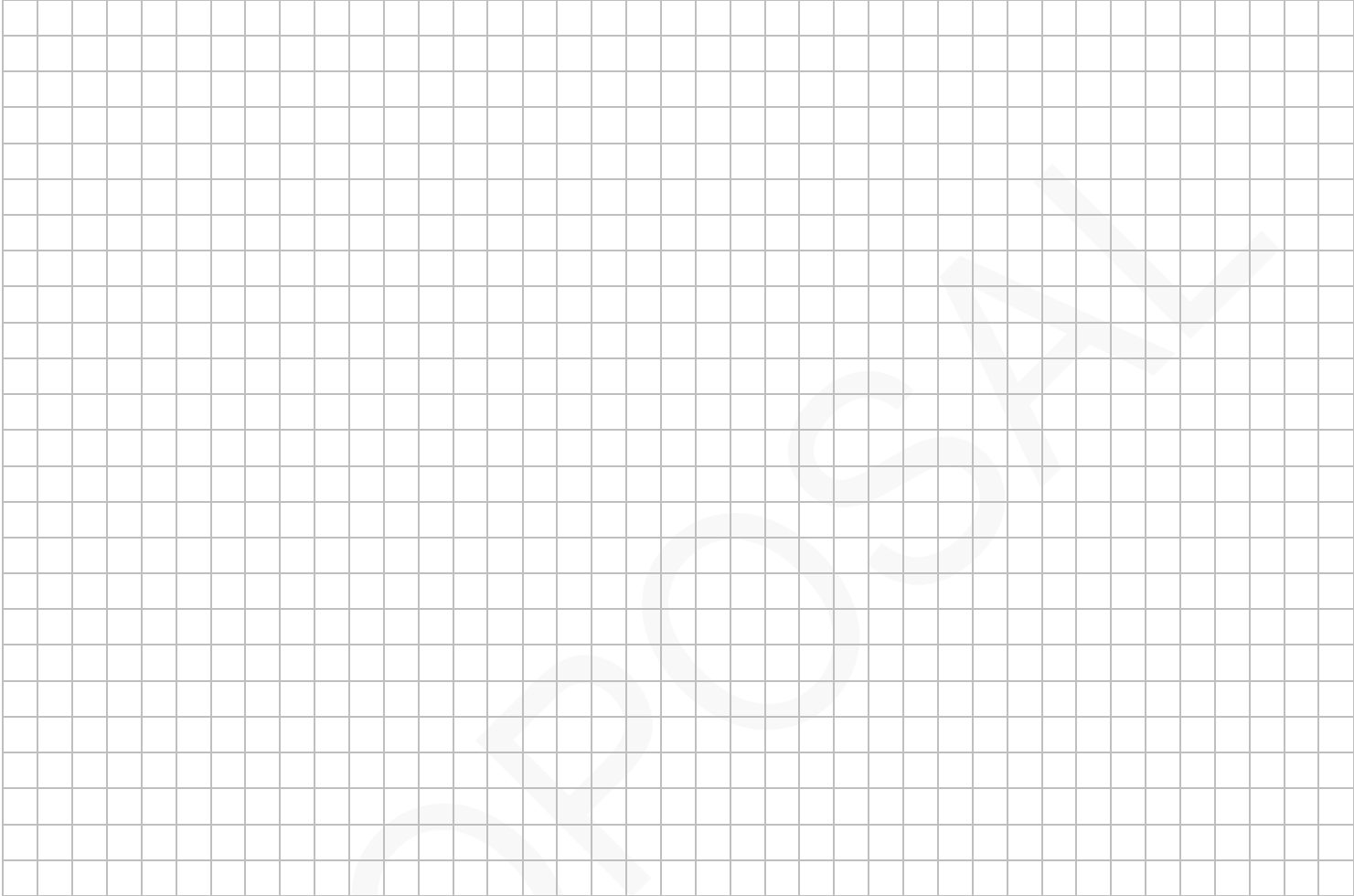
1.	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Class 5 holding Tank	<input type="checkbox"/> Treatment Unit	<input type="checkbox"/> Digester Tank
<input type="checkbox"/> New <input type="checkbox"/> Use Existing Size: _____ Permit #: _____ <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV Proposed working capacity: _____ L Make/ model of T/U: _____				
2.	T-Time of Imported: _____ min/cm Method of detection: _____		Pump required? <input type="checkbox"/> No <input type="checkbox"/> Effluent <input type="checkbox"/> Raw <input type="checkbox"/> TBD	
3.	<input type="checkbox"/> Class 4 Leaching Bed			
<input type="checkbox"/> Conventional		Total pipe Length: _____ m = (QxT (Table A) ÷ 200)		Raised height (above grade): _____ m
		Loading Rate: _____ m ² (Table A) <input type="checkbox"/> Native <input type="checkbox"/> Imported <input type="checkbox"/> Mantle Req		
<input type="checkbox"/> Chamber System		Total Pipe Length: _____ = (QxT (Table A) ÷ 300)		Raised height (above grade): _____ m
		# of pieces: _____		<input type="checkbox"/> Type I <input type="checkbox"/> Type II
		Imported Soil T-time: _____		Manufacturer: _____
		<input type="checkbox"/> Mantle Req <input type="checkbox"/> Pump req		Model: _____
4.	<input type="checkbox"/> Class 4 Filter Bed			
Loading Area: _____ (Q) ÷ _____ (75,50, or 100) = _____ m ²			if Q ≤ 3000 use 75, if Q ≥ 3000 use 50, Level II-IV treatment use 100.	
Contact Area: _____ (Q) ÷ 850 = _____ m ²			Raised height (above grade): _____ m	
Soil <input type="checkbox"/> Native <input type="checkbox"/> Imported		Length: _____ m x Width: _____ m		
Load Rate: _____ m ² (Table A)		Mantle Req: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pump Req: <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Shallow Buried Trench			
Total Length = _____ (Q) ÷ _____ (75,50, or 30 as per Table B) = _____ m ²				
Table A				
Loading Rate for Fill Based Absorption Trench (Ontario Building Code Div. B, Part 8, Table 8.7.4.1) Table A			Shallow Buried Trench Length (Ontario Building Code, Div. B, Part 8, Table 8.7.3.1) Table B	
Percolation Time of Soil	Loading Rates (L/m ² per day)		Percolation Time of Soil	Length of Distribution Pipe (m)
1 < T ≤ 20	10		1 < T ≤ 20	Q ÷ 75 m
20 < T ≤ 35	8		20 < T ≤ 50	Q ÷ 50 m
35 < T ≤ 50	6		50 < T ≤ 125	Q ÷ 30 m
T > 50	4			
Loading rate (total area of bed): _____ (Q)/			(L/m² per day) = _____	
area m²				
6.	Type A dispersal bed			
Stone Area = _____ (Q) ÷ _____ (75, 50) = _____ m ²			Stone layer If Q ≤ 3000/day use Q ÷ 75 If Q ≥ 3000/day use Q ÷ 50	
Sand Area = (_____ (Q) X _____ (T)) ÷ (850 or 400) = _____ m ² <small>Use T of native soil; if sand layer area < stone layer area, use stone layer area for both values</small>			Sand Layer If T is between 1 and 15 use 850 If T is greater than 15 use 400	
			Type A: Mantle Req: <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Type B dispersal bed			
Stone Area = (_____ (Q) X _____ (T)) ÷ 400 = _____ m ²			Linear Loading Rate If T < 24 min, use 50 litres per minute If T ≥ 24 min, use 40 litres per minute	
Pump Chamber capacity (Q)= _____ (L)				
<input type="checkbox"/> SBT / BNQ / BMEC / Other (fill accordingly)				

Schedule 6: Site Plan



DRAWING REQUIREMENTS: PLEASE CHECK (IF ATTACHING A SEPARATE DIAGRAM, ENSURE THESE ARE INDICATED)	
<ul style="list-style-type: none"> <input type="checkbox"/> 1 copy of site plan submitted <input type="checkbox"/> Property owner(s) name and address (civic) <input type="checkbox"/> Lot size, property dimensions, roads, existing rights-of-ways, easements, or municipal/ utility corridors <input type="checkbox"/> Show and identify/ neighbouring properties including wells (indicate if none) <input type="checkbox"/> Show location and size of all proposed and existing sewage system components (tanks, pipe, pumps chambers, alarms) and the test pits <input type="checkbox"/> Show the direction of surface water flow, as well as any surface water (ie creek, pond, lake) on or adjacent to the property and provide common name <input type="checkbox"/> Indicate direction of north on the site plan <input type="checkbox"/> Indicate distances to all utilities (ie. Telephone, hydro lines above, and below ground); and <input type="checkbox"/> Show the distances from pipes in bed and tank to ALL buildings, structures, property lines, surface water, easements, right-of-way, driveways and wells (include Neighbours) 	<p>PROPOSED DISTANCES (actual not minimum)</p> <p>Distribution pipe (or stone area) distances:</p> <p>To closet structure: _____m</p> <p>To closest lot line: _____m</p> <p>To well on lot: _____m</p> <p>To neighbouring wells: _____m</p> <p>To surface water: _____m</p> <p>Septic Tank/ Treatment unit distances:</p> <p>To closest structure: _____m</p> <p>To closest lot line: _____m</p> <p>To well on lot: _____m</p> <p>To neighbouring wells: _____m</p> <p>To surface water: _____m</p>

Schedule 7: Cross Sectional Diagram



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

- 1 copy of cross-sectional diagram submitted**
- Property owner(s) name and property address
- 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 pipe

Depth to bedrock/HGWT/ Hardpan/ soils T-time >50:
_____m

Check appropriate:

- Dug
- Raised
- 3 sides open

Proposed raised height above existing grade: _____m

Finished side slope ratio: _____