

Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

For use by Principal Authority

Application number:

Permit number (if different):

Date received:

Application submitted to: **TOWN OF SAUGEEN SHORES**

A. Project information

Building number, street name, civic address

Plan number

Lot/con.

Municipality

Postal code

Assessment Roll Number

Former Municipality Name

Project value est. \$

Area of work (m²)

B. Purpose of Application

New Construction Addition to an Existing building Alteration/Repair Demolition Conditional Permit

Proposed Use of Building

Current Use of Building

Description of Proposed Work

C. Applicant is: Owner or Authorized agent of owner

Last name

First name

Corporation or Partnership

Street address

Unit number

Lot/Con.

City/Town/Village

Postal code

Province

E-mail

Telephone number
()

Fax
()

Cell number
()

D. Owner (if different from applicant)

Last name

First name

Corporation or partnership (if applicable)

Street address

Unit number

Lot/Con.

City/Town/Village

Postal code

Province

E-mail

Telephone number
()

Fax
()

Cell number
()

E. Builder (optional)

| | | | | | |
|-----------------------------|--|----------------|----------|----------------------------|----------|
| Last name | | First name | | Corporation or Partnership | |
| Street address | | | | Unit number | Lot/Con. |
| City/Town/Village | | 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 Schedule

- Attach schedule 1 for each individual who reviews and takes responsibility for design activities.
- 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) | <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, to be paid when the application | <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 |

I. Declaration of Applicant

I, _____ declare that _____

(Print Name)

- The information contained in this application, attached schedule, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ Date

_____ Signature of Applicant

NOTE: No fee is refundable after a permit has been issued

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, civic address | | Plan number | Lot/Con. |
| Former Municipality Name | Postal code | Assessment Roll Number/ other description | |

B. Individual who reviews and takes responsibility for design activities

| | | | | | | | |
|-------------------------|-------------------|--------------------|--------|-------------|----------|--|--|
| Name | | | | Firm | | | |
| Street address | | | | Plan number | 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"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings | <input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting, and Power <input type="checkbox"/> Fire Protection |
|--|--|

Description of designer's work

D. Declaration of Designer

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)(d) 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 does not required to be completed by a holder of a license, temporary license, or a certificate of authorization 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, civic address | | Plan number | Lot/Con. |
| Former Municipality Name | Postal code | Assessment Roll 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, of Division C?

- Yes (Continue to Section C)
 No (Continue to Section E)
 Installer unknown at time of application (Continue to Section E)

C. Registered Installer information (where answer to B is "Yes")

| | | | |
|----------------------------|----------------------|-----------------------|----------|
| Name | | BCIN | |
| Street address | | | |
| Municipality | | Plan number | Lot/Con. |
| | Postal code | Province | |
| Telephone number () | Fax number () | E-mail | |
| | | 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:

I _____ (print name) _____ declare that:

- 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;

OR

- 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 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

Schedule 3: Soil Design Criteria and Site Evaluation

A. Percolation Rate of Design Soil (T

Percolation Rate of Design Soil
 T = _____ min/cm
 Native Imported

Percolation Rate of Mantle Sand
 T = _____ min/cm
 Native Imported

Laboratory Analysis
 Lab Report Attached

Note: The Grey Bruce Health Unit requires documentation on the soils proposed to be used to determine the percolation rate ("T"-time) for conventional type fields or its suitability for filter bed sand in filter bed systems. All reports must be dated within 12 months of construction.

B. Percolation Rate and Classification of Native Soil

Laboratory Analysis (Attached Report)

Test on Site (Test Pit)

Estimated (Unified System)

TEST PIT SOIL DATA

| TEST PIT #1 | | | TEST PIT #2 | | |
|----------------------------|----------------|---------------------|----------------------------|----------------|---------------------|
| Rock or Ground Water Table | Depth (metres) | Description of Soil | Rock or Ground Water Table | Depth (metres) | Description of Soil |
| | - 0 - | | | - 0 - | |
| | - 0.25 - | | | - 0.25 - | |
| | - 0.50 - | | | - 0.50 - | |
| | - 0.75 - | | | - 0.75 - | |
| | - 1.00 - | | | - 1.00 - | |
| | - 1.25 - | | | - 1.25 - | |
| | - 1.50 - | | | - 1.50 - | |
| | - 1.80 - | | | - 1.80 - | |
| Depth to Groundwater | | _____ m | Depth to Groundwater | | _____ m |
| Seasonal High Groundwater | | _____ m | Seasonal High Groundwater | | _____ m |
| Depth to Bedrock | | _____ m | Depth to Bedrock | | _____ m |

ESTIMATED PERCOLATION RATE OF NATIVE SOIL

| T-time (Min/cm) | Soil Type (Unified Soil Classification System) |
|----------------------------------|--|
| <input type="checkbox"/> 4 – 12 | Gravel, Sand Mix, some fines GM – Permeable to medium permeable, depending on amount of silt. |
| <input type="checkbox"/> 12 – 50 | Clayey Gravel, gravel-sand-clay mixtures GC – Important to estimate amount of silt and clay. |
| <input type="checkbox"/> 2 – 12 | Gravel, Sand Mix, some fines SW – Medium permeability |
| <input type="checkbox"/> 2 – 8 | Gravelly Sand, uniform, some fines SP – Medium permeability |
| <input type="checkbox"/> 8 – 20 | Silty Sand / Loam Mix SM – Medium to low permeability |
| <input type="checkbox"/> 12 – 50 | Clayey Sand/Silty Loam Mix SC – Medium to low permeability depending on amount of clay |
| <input type="checkbox"/> 20 – 50 | Inorganic silts/Clayey Silts ML – Medium to low permeability |

T = _____ min./cm

| | | | | | |
|-------------------------|-------------------------|-------------------------|-----------------------------------|-----------------|------------|
| State Number of: | | Tank Flush Toilets ___ | Kitchen and Bathroom Sinks ___ | Dishwashers ___ | Bidets ___ |
| Clothes Washers ___ | Bathtub and Showers ___ | Urinals ___ | Single or Double Laundry Tubs ___ | | |
| Bedrooms ___ | Finished Floor Area ___ | Total Fixture Units ___ | Water Softener yes / no | | |

Existing/proposed water supply (drilled/dug/shore well/sand point/municipal/communal): _____

Proposed sewage system design - See Ontario Building Code Part 8 and Health Unit Guidelines Pages 7 - 12

Complete the following as required for in-ground, fill-based-based, bed or alternate system

Daily sewage flow _____ litres/day Size of tank _____ litres

Alternate Treatment Unit _____

Length of distribution pipe _____ metres (type, model, description) Depth of imported fill _____ metres, T = _____ min/cm

Imported mantle: Yes ___ No ___ Pump required: Yes ___ No ___

Leaching bed fill area _____ m² Filter medium surface _____ m² Filter medium base _____ m²
 (OBC Table 8.7.4.1.A) (OBC 8.7.5) (OBC 8.7.5.3.(6))

Travel Directions

SITE PLAN

An aerial and cross sectional site plan is required and must contain the following information: (Please checkmark to verify the information is accurately plotted on the site plan)

- Location and dimensions of all buildings
- All wells in use or otherwise within a 30 metre (100 ft) radius of the proposal
- All existing and proposed structures and swimming pools
- All driveways and proposed access routes for septic system maintenance
- The location of any unsuitable, disturbed or compacted areas
- All water bodies and ditches, drain tiles, swamps, flood plain or areas prone to flooding
- Any slopes (include slope degree and direction)
- All field drains, underground hydro, water services and basement drains
- Proposed system layout including all system components including mantles and their setbacks from structure, lot lines and wells
- 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 for tiles).

Applicants are responsible to ensure that the information provided is true and accurate. The Grey Bruce Health Unit will not be held responsible for incorrect information provided to it by the Applicant.

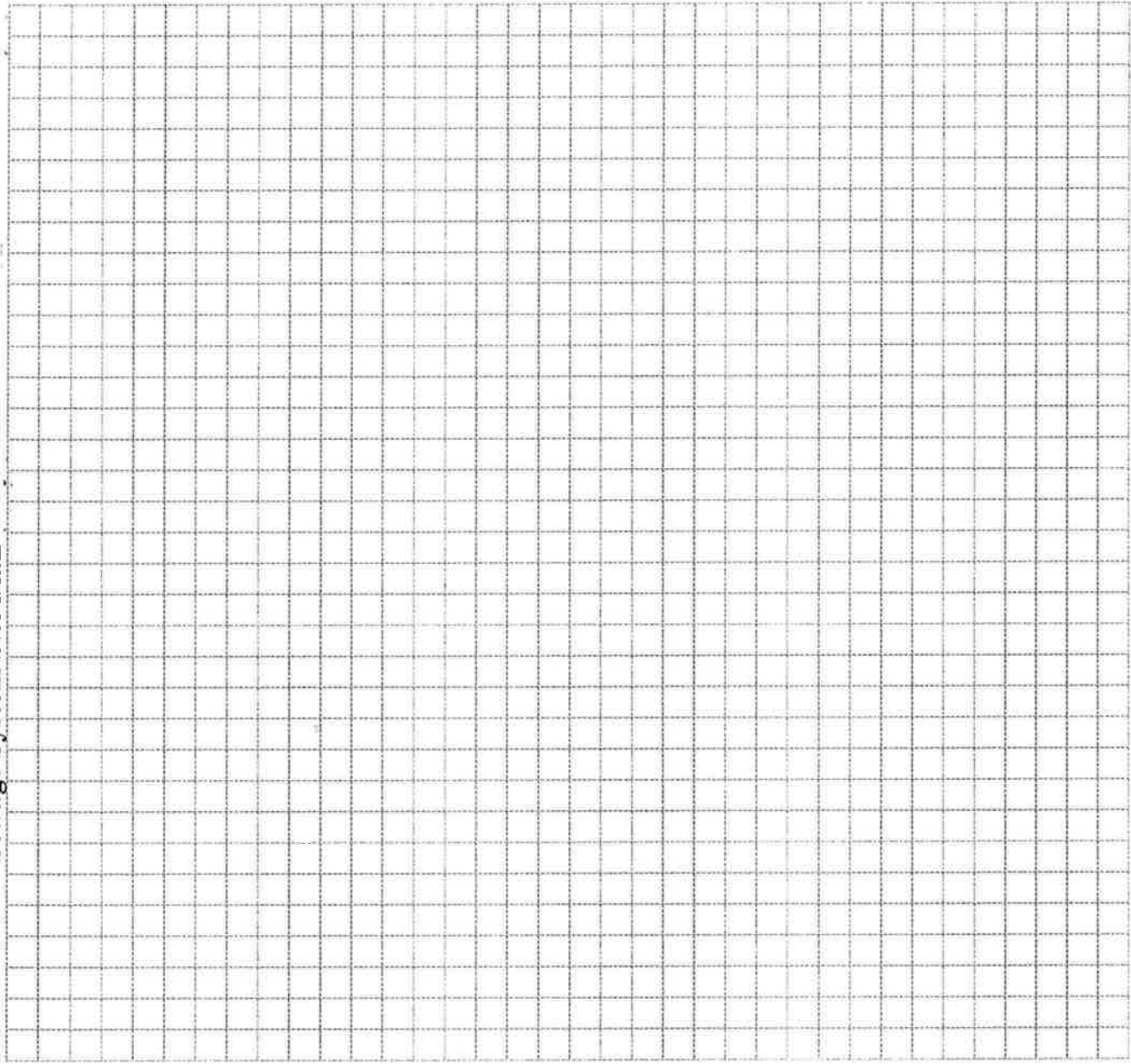
Owner/Agent Name (Print) _____ Date _____

Owner/Agent Name (Signature) _____ Date _____

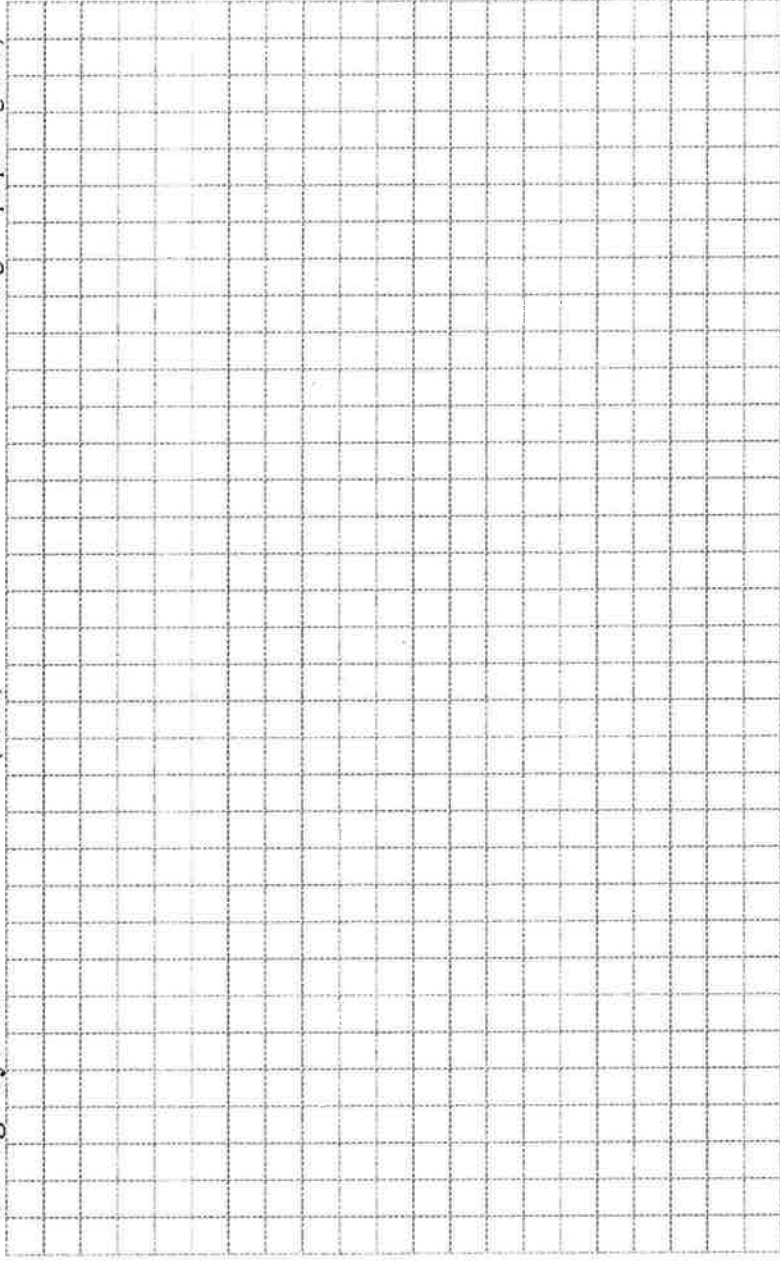
All applications which are incomplete or unsigned will be returned. No work shall commence until a permit has been issued. Any changes to this application must be approved by the **TOWN OF SAUGEEN SHORES**

This program information is collected under the authority of the Ontario Building Code Act, 1992, as amended and will be used in considering your application for a building permit for a sewage system. Questions about this collection should be directed to the

Sewage System Site Plan



Sewage System Cross Section (house, tank and tile bed elevations with existing and proposed grades)



INSPECTOR'S COMMENTS _____