

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;">Town of Saugeen Shores</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			
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:			
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			
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><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> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="text-align: center;">Date Signature of applicant</p>			



Design Calculations For Class 4 On-Site Sewage Systems

Owner:	Designer:	Installer:
		BCIN #:

STEP 1 - DAILY SEWAGE FLOW (Based on Hydraulic Loads for Fixtures, Floor Area, and Bedrooms)

Plumbing Fixture Description	Existing Number of Fixtures	Proposed Number of Fixtures	Hydraulic Load	Fixture Units		
Bathroom group (toilet, sink, bathtub)			6			
Toilet			4			Proposed(m²):
Washbasin			1.5			Proposed(ft²):
Bathtub or Shower			1.5			Existing(m²):
Kitchen Sink(s)			1.5			Existing(ft²):
Bar Sink			1.5			Total Finished Floor Area Excluding Area of Finished Basement:
Dishwasher			1.5			
Washing Machine			1.5			
Bidet			1			
Laundry Tub			1.5			
Other:						m²:
TOTAL FIXTURE UNITS						ft²:

Below, please calculate the expected daily sewage flow and mark in the space provided. For non-residential occupancies see Table 8.2.1.3 (B)

Residential Occupancy

Number of bedrooms	1	2	3	4	5
Q (L/day)	750	1100	1600	2000	2500

If you have more than 5 bedrooms, put 5 in the existing number of bedrooms and add additional bedrooms under additional flow for each bedroom over 5

Existing Number of Bedrooms	Additional Bedrooms	Hydraulic Load, Q (L)		Calculation
Additional Flow For:		Existing	Proposed	Q (L/day)
Each Bedroom over 5 OR*				500
Floor space for each 10m ² over 200m ² up to 400m ²				100
Floor space for each 10m ² over 400m ² up to 600m ²				75
Floor Space for each 10m ² over 600m ² OR*				50
Each fixture unit over 20 fixture units total				50
TOTAL (L) =				

*NOTE: where you need to do multiple calculations, signified by the "OR" in the table, do the calculation for daily sewage flow based on bedrooms and floor space first, then fixture units, and use the larger of the two calculations.

Other Occupancy (Table 8.2.1.3 (B))

Establishment: eg, 24hr restaurant	Volume/Unit :	Occupant Load :	Volume (L) :

EXPECTED DAILY DESIGN SEWAGE FLOW(Q):	
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Please fill in all shaded areas and provide applicable calculations. Calculation sheet must be submitted with sewage system application.

STEP 2 - PROPERTY SOIL PROFILE AND PERCOLATION RATE (T) DESCRIPTION

Please refer to the APH website pages title Property Soil Profile & Percolation Rate to find how to determine the percolation rate of the soil on your site. Percolation rate(T) is measured as minutes/centimetre, and measures the rate at which water drains into the soil. Please indicate the T-time of your site below.

Soil Type	(1) Coarse Gravel, no fines	(2) Gravel, some small rocks	(3) Gravel, sand mix, some fines	(4) Sand, fairly uniform, some fines	(5) Sandy, Loam mix	(6) Silty, Loam, almost clay	(7) Clay, smears well, rolls into ribbon
T-time (min/cm)	0 to 1	1 to 5	5 to 10	10 to 15	15 to 25	25 to 50	> 50

ON_SITE PROFILE (SUBTRACT USEABLE DEPTH OF SOIL FROM 1.5m FOR DEPTH OF IMPORTED FILL)

Select largest percolation rate (T) for appropriate soil type and insert below

Soil Depth (m)	Percolation Rate T	Soil Type
0.2		
0.4		
0.6		
0.8		
1.0		
1.2		
1.4		
1.6		

Fill in the following:

Depth of Soil / Impervious Soil / Groundwater Table(m):	
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Fill in the following information on your soil

	Depth (m)	Depth (ft)	Rate (min/cm)
Topsoil to be removed:			_____
Usable Existing Soil:			_____
Imported Fill:	1.50	4.92	_____
Percolation Rate (T):	_____	_____	
Excavation of existing soil:			_____

CONTACT AREA CALCULATION

If you do not have a minimum of 250mm of useable soil on the property, you will need to import the mantle or contact area. Choose T and, divide Q by Loading Rate for T

Percolation Time (T) of soil (min/cm)	Loading Rate (L/m ² /day)
1 < T ≤ 20	10
20 < T ≤ 35	8
35 < T ≤ 50	6
T > 50	4

DAILY SEWAGE FLOW (Q):	÷	Loading Rate (L/m²/day)	=	CONTACT AREA (m²)
	÷		=	

Please fill in all shaded areas and provide applicable calculations. Calculation sheet must be submitted with sewage system application.

STEP 3 - A) SEPTIC TANK SIZE CALCULATION

To calculate the minimum capacity of your septic tank, use the following formulas. Minimum tank size is 3600L.

Residential:	Q=	2XQ=	Tank Size:
Other Occupants:	Q=	3XQ=	Tank Size:

B) LEACHING BED LENGTH CALCULATION (conventional)

Length (m)= (Q X T)/200		Length of Pipe (ft)=	
Number of Runs (m):		D-BOX (Y/N):	Header (Y/N):

C) FILTER BED - Where you may not have sufficient area on your property to install a leaching bed, you may install a filter bed for your distribution system

FILTER BED CALCULATION - If your daily sewage flow is less than 3000L/day, perform calculation 1), or if your daily sewage flow exceeds 3000L/day, perform calculation 2).

Calculation 1) - Filter Bed Surface Area

Surface Area (m ²) = Q ÷ 75

Q = _____

SA = _____

FILTER BED SURFACE AREA (m²) =

FILTER BED SURFACE AREA (ft²) =

Calculation 2) - Filter Bed Surface Area

Surface Area (m ²) = Q ÷ 50

Q = _____

SA = _____

FILTER BED SURFACE AREA (m²) =

FILTER BED SURFACE AREA (ft²) =

Select a desired length for the filter bed

Filter Bed Loading Area (m²):		Length (m):		Width (m):	
Filter Bed Loading Area (ft²):		Length (ft):		Width (ft):	

EXTENDED CONTACT AREA - T>11.5

Contact Area = (QXT)/850

Q = _____

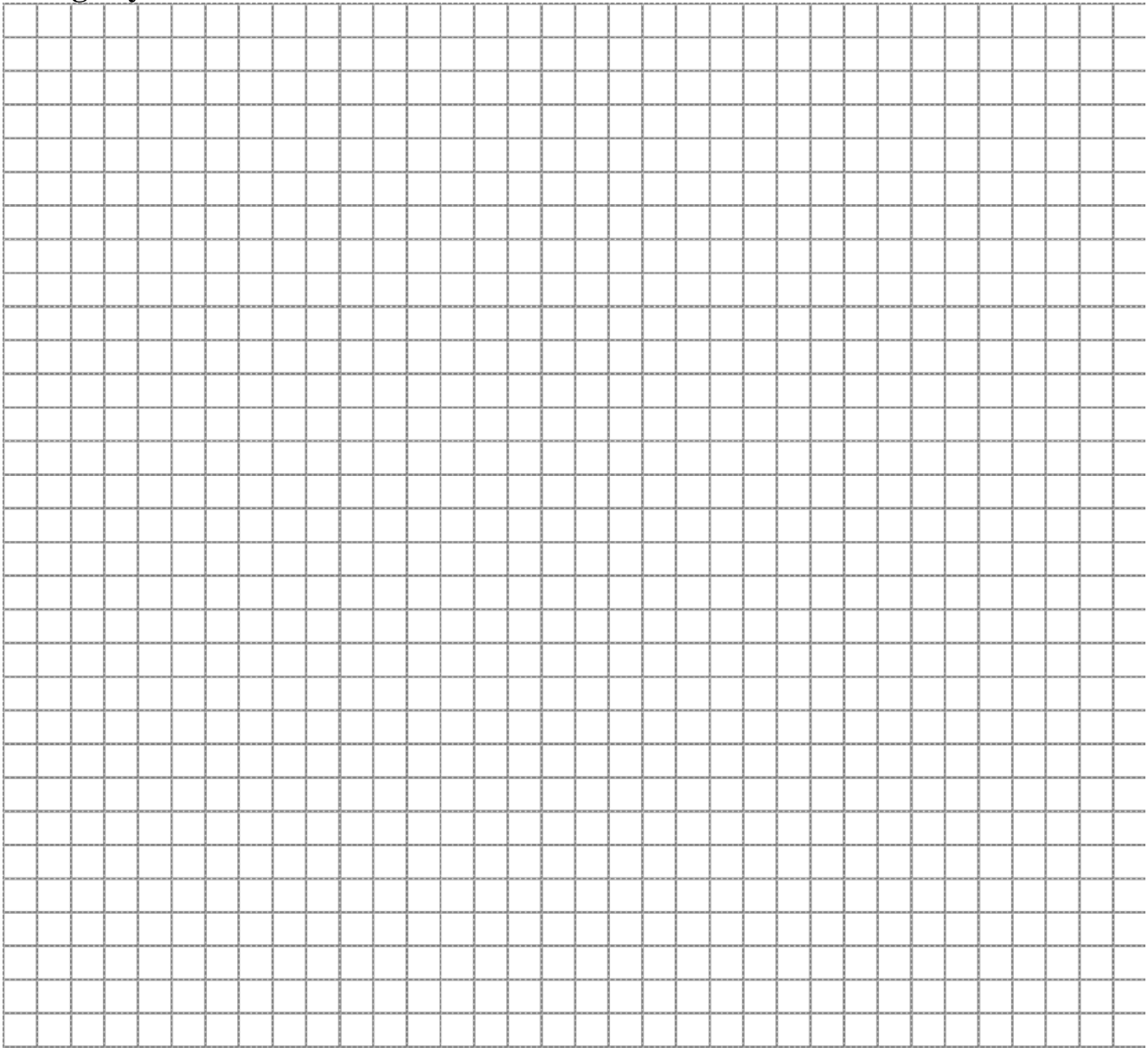
T= _____

EXTENDED CONTACT AREA (m²) =

EXTENDED CONTACT AREA (ft²) =

Please fill in all shaded areas and provide applicable calculations. Calculation sheet must be submitted with sewage system application.

Sewage System Site Plan



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

