

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> <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="text-align: center;">Date Signature of applicant</p>			

Schedule 3: Soil Design Criteria and Site Evaluation

A. Percolation Rate of Design Soil (T)

Percolation Rate of Design Soil T = _____ min/cm <input type="checkbox"/> Native <input type="checkbox"/> Imported	Percolation Rate of Mantle Sand T = _____ min/cm <input type="checkbox"/> Native <input type="checkbox"/> Imported	<input type="checkbox"/> Laboratory Analysis <input type="checkbox"/> Lab Report Attached
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Note: The Town of Saugeen Shores requires documentation on 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	Clayley 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

Site and Design Information – see Ontario Building Code Part 7, 8 and Saugeen Shores Guidelines

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 Saugeen Shores Guidelines Pages 7-12

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

Daily sewage flow _____ litres/day	Size of tank _____ litres
Alternate Treatment Unit _____ (types, model, description)	
Length of distribution pipe _____ metres	Depth of imported fills _____ metres, T = _____ min/cm
Imported mantle: Yes ____ No ____	Pump required: Yes ____ No ____
Leaching bed fill area _____ m ² <small>(OBC Table 8.7.4.1.A)</small>	Filter medium surface _____ m ² <small>(OBC 8.7.5)</small>
	Filter medium base _____ m ² <small>(OBC 8.7.5.3.(6))</small>

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 of grades (recommend bench mark for tiles).

Applicants are responsible to ensure that the information provided is true and accurate. The Town of Saugeen Shores will not be held responsible for incorrect information provided to it by the Applicant.

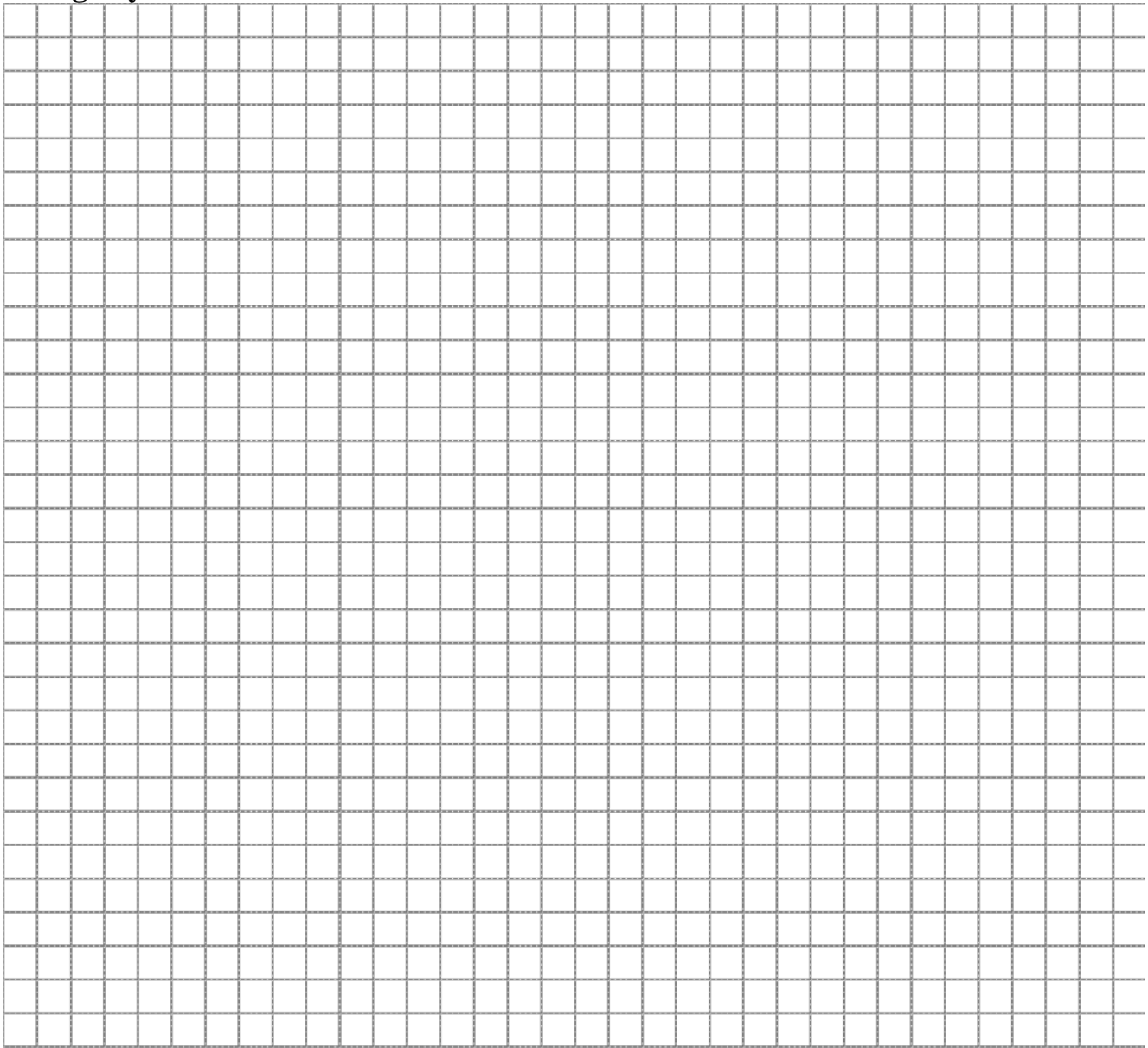
Owner/Agent Name (Print) _____ Date: _____

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 collected should be directed to the Town of Saugeen Shores.

Sewage System Site Plan



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

