

# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

<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)

**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 <sup>2</sup> )	

**B. Applicant**    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 (    )	

**C. 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 (    )			

**D. 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 (    )			

**E. 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: \_\_\_\_\_

**F. Taron Warranty Corporation (Ontario New Home Warranty Program)**

i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.     Yes     No

ii. Is registration required under the *Ontario New Home Warranties Plan Act*?     Yes     No

iii. If yes to (ii) provide registration number(s): \_\_\_\_\_

**G. Attachments**

i. Attach documents establishing compliance with applicable law as set out in Article 1.4.1.3. of Division A.

ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

**H. Declaration of applicant**

I, \_\_\_\_\_ (print name) \_\_\_\_\_ certify that:

- The information contained in this application, attached schedules, 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 \_\_\_\_\_

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.

**OFFICE USE ONLY**

Date Accepted: \_\_\_\_\_ By: \_\_\_\_\_ Fee: \_\_\_\_\_  Paid

- Test holes
- Permit application completed (all fields)
- Site plan to scale (survey or deed)
- Two sets of drawings

Must include:  System layout  
 Sections and details  
 Elevations  
 Existing soil conditions  
 Test hole location

Applicable Law	Applies	Doc./signature
Zoning	Yes No	_____
Site Plan Agreement	Yes No	_____
MTO approval within 800m of highway	Yes No	_____
MNR Work Permit (on public land)	Yes No	_____
Cemetery	Yes No	_____
Other _____		

Date Approved: \_\_\_\_\_ By: \_\_\_\_\_

# 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	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	E-mail
Telephone 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>	
<input type="checkbox"/> House <input type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings Description of designer's work	<input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection <input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <input type="checkbox"/> On-site Sewage Systems
<b>D. Declaration of Designer</b>	
I, _____ (print name) declare that (choose one as appropriate):	
<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:**

- 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.
- Schedule 1 is 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

<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?				
<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)				
<b>C. Registered installer information (where answer to B is "Yes")</b>				
Name		BCIN		
Street address				
Municipality		Postal code	Province	Unit number
Telephone number		Fax	E-mail	
( )		( )	( )	
<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>				
I _____ (print name) _____ declare that:				
<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;				
<u>OR</u>				
<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.				
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		

# SEWAGE SYSTEM INSTALLATION PROPOSAL

TOTAL # OF BEDROOMS :	TOTAL FLOOR AREA:	m <sup>2</sup>
TOTAL PLUMBING FIXTURE UNITS:	"T" TIME OF SOIL:	
TOTAL DAILY DESIGN FLOW RATE (Expressed in Litres/day):	Q =	

Septic Tank Size = Q X 2 = \_\_\_\_\_ X 2 = \_\_\_\_\_ Litres (Minimum 3600 litres)

Absorption Trenches = (length of distribution pipe) = QT/200 = \_\_\_\_\_ m (Minimum 40 meters)

Filter Bed area = Q/75 (Q < 3000 l) = \_\_\_\_\_ square meters or Q/50 (Q > 3000l) = \_\_\_\_\_ square meters

Base of Filter medium + QT/850 = \_\_\_\_\_ square meters

Mantle area = Q/ loading rate = \_\_\_\_\_ square meters

T	LOADING RATE
1 - 20	10
20 - 35	8
35 - 50	6
OVER 50	4

## PROPOSE TO CONSTRUCT:

**CLASS 4 FILTER BED** PROOF OF APPROVED FILTER MATERIAL MUST BE PROVIDED PRIOR TO FINAL INSPECTION

Dug Into Existing Soil	Raised	If Raised, How Far Above Existing Soils?	metres	Mantle Area	m <sup>2</sup>
Area Of Filter Medium	m <sup>2</sup>	Base of Filter	m <sup>2</sup>	Or total length of tile	Number of runs
Use Existing Tank	New CSA Standard	Treatment Unit Other than septic tank		Working Capacity	litres

**CLASS 2 GREY-WATER PIT or CLASS 3 CESSPOOL**

Wall Structure -- Concrete Block	Rock	Other:
Dimensions Of Pit	Length:	Width:
Type Of Class 1 To Be Used	Privy	Composting
		Chemical
		Electrical
		Other:
		Type Of Cover:

**CLASS 5 - HOLDING TANK - PUMP OUT CONTRACT MUST BE PROVIDED (District Approval Required)**

Concrete	Polyethylene	Other:
Size (L)	Alarm Is - Audio	And Visual
		Describe Platform:

**IS A PUMP REQUIRED?**

Yes	No	Raw Sewage	Effluent
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**SEPTIC TANK FILTER DETAILS:**

ALL APPLICATIONS MUST INCLUDE A SITE PLAN WHICH LOCATES ALL FEATURES AND STRUCTURES WITH ALL DISTANCES INDICATED, DRAWN TO SCALE, REFERENCING A PLAN OF SURVEY.

INCLUDE THE FOLLOWING ON THE SITE PLAN:

- PROPERTY LINES & TOPOGRAPHIC FEATURES:**  
Water courses/Water bodies/swamps, cliffs, bare rock, slope degree & direction.
- EXISTING & PROPOSED STRUCTURES**  
All buildings, driveways, utility easements, wells (state: dug, bored or drilled - include neighbours). Installer to verify locations prior to installation of sewage system.
- EXISTING & PROPOSED SEWAGE SYSTEM(S)**  
Tank & tile field orientation, distribution lines, mantle area, details of existing system if it remains in use, water lines and test pit.

TEST HOLE	Sub-surface conditions encountered	Depth (m)	Soil Type	"T" Time
	Rock & G.W.T.	- 0 -		
		- 0.25 -		
		- 0.50 -		
		- 0.75 -		
		- 1.00 -		
		- 1.25 -		
		- 1.50 -		

