

Application for a Permit to Construct or Demolish – Replacement Tank

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

For use by Principal Authority			
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 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 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="margin-left: 100px;">(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><u>OR</u></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 style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Date Signature of applicant </p>			

REPLACEMENT TANK CALCULATIONS

TOTAL DAILY DESIGN SANITARY SEWAGE FLOW				
Size	=	Q X 2		
	=	___ X 2	=	_____ Litres
Non-Residential	=	___ X 3	=	_____ Litres
New C.S.A. Standard: <input type="checkbox"/> Yes <input type="checkbox"/> No		Treatment Unit Other than Septic Tank: <input type="checkbox"/> Yes <input type="checkbox"/> No		Working Capacity: <div style="text-align: right;">Litres</div>
Pump Required: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Concrete: <input type="checkbox"/> Yes <input type="checkbox"/> No		Polyethylene: <input type="checkbox"/> Yes <input type="checkbox"/> No		Other:

SEWAGE SYSTEM DESIGN – SITE PLAN

Owner: _____

Address: _____ +

(Street)

(City/Town/Twp)

(Postal Code)

Designer: _____

- Outline property with all dimensions – include setbacks from existing/proposed dwelling and bed area, property line, all structures, wells and cisterns (including neighbours), water courses/wetland areas.
- Include details of sewage system (dimensions of bed/mantle, tank location(s), pump chamber).
- Include cross-section design for raised systems – indicate existing grade, depth of material.
- Indicate existing or proposed driveways, easements, right-of-ways, drainage patterns.
- Measurements must be in metric (not to scale).

Three Stages of Inspections Required:

- 1) Prior to construction, grading and scarifying before addition of fill.
- 2) Inspection of fill prior to backfilling (proof of approved fill material to be submitted).
- 3) Final grading – filter bed systems require topsoil on top and sides and bed to be sodded/seeded prior to issuance of Use Permit.

ANY CHANGES TO APPROVED DESIGNS MUST BE REVIEWED AND APPROVED BY THE NIAGARA REGION PUBLIC WORKS DEPARTMENT PRIOR TO CONSTRUCTION.

INFORMATION FOR SEPTIC PERMIT
Ontario Building Code Part 8 Program

DATE: _____ PERMIT #: _____

PERMIT #: _____ RECEIPT #: _____

MUNICIPAL ADDRESS OF PROPOSED SYSTEM: _____

OWNER: _____

CONTRACTOR/INSTALLER/HAULER: _____

LOT #: _____ PART LOT #: _____ CONC. #: _____ PLAN #: _____

ROLL #: _____

New Construction Repair/Alteration Niagara Escarpment File #: _____

Other: _____

1. Lot Dimensions: _____ Lot Area: _____

2. Use of Building: *Existing*: _____ After Construction: _____

3. Total No. of Dwelling Units in Building: Existing: _____ After Construction: _____

4. Finished Floor Area of Building: Existing: _____ After Construction: _____

5. Number of Bedrooms: Existing: _____ After Construction: _____

6. Municipal Sewers Available on Street? _____ Municipal Water Available on Street? _____

7. Indicate Water Supply: Municipal Well Cistern

8. Indicate number of plumbing fixture units within building served by sewage system: _____

9. Total daily design sanitary sewage flow _____ litres/day

10. Site Evaluation

Prepared by: _____ Telephone #: _____ Fax #: _____

Address: _____

Signature: _____

Date of Evaluation: _____

Depth to Bedrock/Hardpan: _____ Depth to Zone of Soil Saturation (water table): _____

Description of Native Soil: _____ Soil Permeability Test: _____

11. Description of sewage system: _____

- Class 4:
- | | |
|---|--|
| <input type="checkbox"/> In ground Leaching Bed | <input type="checkbox"/> Filter Bed |
| <input type="checkbox"/> Raising Leaching Bed | <input type="checkbox"/> Tertiary System |
| <input type="checkbox"/> Other | <input type="checkbox"/> BMEC Authorization Included |

Class 5: Holding Tank

12. Description of Treatment Unit(s): _____

Septic Tank – Manufacturer and Model: _____

Other – Manufacturer and Model: _____

13. Description of Pump: Head: _____ Run: _____ HP: _____

14. Description of Holding Tank/Alarms: _____

- Copy of agreement with hauler provided