

# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

<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)			
<b>A. Project information</b>			
Building number, street name			Unit number
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (m <sup>2</sup> )	
<b>B. Purpose of application</b>			
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition to an existing building	<input type="checkbox"/> Alteration/repair	<input type="checkbox"/> Demolition
Proposed use of building		Current use of building	
Description of proposed work			
<b>C. Applicant</b>			
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
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
<b>D. Owner (if different from applicant)</b>			
Last name	First name	Corporation or partnership	
Street address			Unit number
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number

<b>E. Builder (if known)</b>			
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	
<b>F. New home construction licensing requirement</b>			
i. Is the proposed construction for a new home as defined in the <i>New Home Construction Licensing Act, 2017</i> ? If no, go to section G.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is a licence required under the <i>New Home Construction Licensing Act, 2017</i> ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide licence number(s): _____			
<b>G. Required Schedules</b>			
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.			
<b>H. Completeness and compliance with applicable law</b>			
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
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
<b>I. Declaration of applicant</b>			
I _____ declare that: (print name)			
<ol style="list-style-type: none"> <li>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.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>			
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., 12th Floor, Toronto, ON M7A 2J3 (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)

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) (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 Professional Engineers Ontario.

# TOWNSHIP OF TAY

## Building Services Division

450 Park Street, P.O. Box 100, Victoria Harbour, ON L0K 2A0  
Phone (705) 534-7248 Fax (705) 534-4493



## AUTHORIZATION FOR AN APPLICATION

### FOR A BUILDING PERMIT

### BY A PERSON OTHER THAN THE LEGAL OWNER

I \_\_\_\_\_, being the legal owner of the  
subject property located at \_\_\_\_\_  
in the Township of Tay, hereby authorize \_\_\_\_\_  
to apply for a building permit for work to be done on this property.

---

Date

---

Signature of Legal Owner

Personal information contained on this form/document/application is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy* legislation and will be used for the purpose for which it was collected. Questions about this collection should be directed to the Clerk of the Township of Tay.

## 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		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
<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>			
<p>I _____ declare that:          (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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>			
<hr style="border: 0.5px solid black;"/> <p>Date</p>		<hr style="border: 0.5px solid black;"/> <p>Signature of applicant</p>	

**Schedule 2A: Sewage System Information****A. Proposed sewage system**

System is for: Residential Use      Commercial or Industrial or Agricultural Use

The installation is: New      Replacement      Alteration      Repair

**Test Holes** are generally required for all new or replacement Class 4 septic system applications; minimum size to be 3 feet (.9 meters) wide and 6 feet (1.8 meters) deep. Must be stepped or sloped.

Are test holes ready?

Yes      No

**B. Type of proposed sewage system**

Class 2 - Leaching Pit      Class 3 - Cesspool      Class 4 - Sewage System      Class 5 - Holding Tank

NOTE: Class 2, 3 &amp; 5 sewage systems have limited or restricted uses.

**C. Design flow calculations - single dwelling units (separate calculations required for multi-residential and non-residential structures)**

Record number of plumbing fixtures in chart below  
(include rough-in plumbing, eg. for future basement bathroom)

Description of Fixture	Number of new/ proposed bath- rooms/fixtures	x	Fixture Units	=	Fixture Unit Count	Notes
bathroom <b>group</b> eg. 1 ea toilet, sink, bathtub/1-head shower <b>or</b>		x	6	=		
<b>Separately as:</b> lavatory/bathroom sink		x	1.5	=		
toilet		x	4	=		
Tub or 1-head shower		x	1.5	=		
bidet		x	1	=		
dishwasher		x	1	=		
laundry tub		x	1.5	=		
sink, bar sink or kitchen sink (ea)		x	1.5	=		
washing machine		x	1.5	=		
Other - specify:		x		=		
<b>Total Fixture Units:</b>						
<b>Total Fixture Units over 20:</b>						

**Additional appliances (check as applicable):**

Water softener      Does it backwash into septic?      Yes      No

Water Filter      Does it backwash into septic?      Yes      No

Record finished floor area - in square meters - for the following:

1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor	Loft	Other ? please identify:	Other - M <sup>2</sup>	Total

Will this septic system serve more than one dwelling unit? (eg. basement apt, granny flat etc.)      Yes      No

If "Yes", contact Building Department, if "No", proceed to Section D.

#### D. Design Flow Calculations for Dwellings (separate calculation required for non-residential structures)

Where:

**A=** bedroom flow (1-5 bedrooms) **B=** bedroom flow (over 5 bedrooms **C=** Living area flow **D=** Fixture units **over 50**...

Bedroom Flow (A)	Select Number of Bedrooms	Volume (in litres)		Total Flow
	1 Bedroom	750	=	
	2 Bedrooms	1100	=	
	3 Bedrooms	1600	=	
	4 Bedrooms	2000	=	
	5 Bedrooms	2500	=	
<b>TOTAL (A)</b>				

Bedroom Flow (B)	>5 Bedrooms?		# of bedrooms >5	Volume (in litres)		Total Flow
	Yes	No		x	500 (each)	
					<b>TOTAL (B)</b>	

Living Area Flow(C)	Size of Living Area (in m <sup>2</sup> )	number of 10m <sup>2</sup> -increments over living area	Volume (in litres)			Total Flow
				=	=	
	0 - 200 m <sup>2</sup>		x	0	=	
	201 - 400 m <sup>2</sup>		x	100	=	
	401 - 600 m <sup>2</sup>		x	75	=	
> 600 m <sup>2</sup>			x	50	=	
					<b>TOTAL (C)</b>	

<b>Fixture Units (D)</b>	Number of fixture units over 20 (from pg. 5)	=		x	50 litres/ fixture unit	=	Total Flow
							<b>TOTAL (D)</b>

**E. Design Flow (Number of litres per day - insert totals for A and B or C or D from Section D (above)).**

**Q = A + (the highest of) B or C or D**

$$Q = (A) + (B \text{ or } C \text{ or } D)$$

**Q** = **Litres per day**

**F. Septic Tank Size (working capacity) for Class 4 System**  **New**  **Existing**  **Replacement**

### **Proposed/Existing Working Capacity**

Residential (3600L) minimum      2    x    Q   (from Section E)

Non-Residential (3600L) minimum 3 x Q (from Section E)

G. Classification of Treatment Unit:    II     III     IV

Manufacturer	Model	Attach to application
		MMAH SB-5
		CAN/BNQ 3680-600

Permit #:

## Schedule 2B: Soil Design Criteria and Site Evaluation

### A. Percolation Rate of Design Soil (T)

Percolation Rate of Design Soil	Percolation Rate of Mantle Sand	SEE:
T = _____ min/cm	T = _____ min/cm	Laboratory Analysis
Soil is: Native Imported	Soil is: Native Imported	Laboratory Report Attached

### B. Percolation Rate and Classification of Native Soil

Laboratory Analysis (report attached)  Test on site (Test Hole)  Estimated (Unified System)

Test Hole #1		
Soil Description	Depth (in meters)	Township Confirmation
eg. Topsoil	0m - .3m	

Test Hole #2		
Soil Description	Depth (in meters)	Township Confirmation
eg. Topsoil	0m - .28m	

Depth to groundwater (or T>50) \_\_\_\_\_

Depth to groundwater (or T>50) \_\_\_\_\_

Notes:

Notes:

ESTIMATED PERCOLATION RATE OF NATIVE SOIL (for example only)			
✓	T-time (in min/cm)	Visual Appearance	Soil Type (Unified Soil Classification System)
	4 - 12	silty gravels, gravel-sand-silt	GM Permeable to medium permeable, depending on amount of silt
	12 - 50	clay-like gravel, gravel-sand-clay mixtures	GC Important to estimate amount of silt and clay
	2 - 12	gravel, sand mix, minimal fine	SW Medium permeability
	2 - 8	gravelly sand, uniform, minimal fine	SP Medium permeability
	8 - 20	silty sand/loam mix	SM Medium to low permeability
	12 - 50	clay-like sand/silty loam mix	SC Medium to low permeability depending on amount of clay
	20 - 50	inorganic silts/clay-like silts	ML Medium to low permeability

**NOTE:** Filter bed can only be installed in the ground when "T" time of native soil does not exceed 15 min/cm. 8.7.4.2.(2)

### C. Water Supply for Lot

Water supply is existing

Proposed supply is:

Drilled Well  Dug Well  Other, please specify: \_\_\_\_\_

Are other wells located within 30 m of proposed septic tank/distribution pipe? Yes  No

If yes, be sure to include on Site Plan.

**A: Absorption Trench**

In-ground      Raised      Partially Raised

$L = \text{Length of distribution pipe (in meters)}$

$Q = \text{Daily design flow (in litres)}$

$T = \text{Percolation Time of underlying soil}$

8.7.3.1(2)

$$L = QT/200$$

$$L = \underline{\hspace{2cm}}(Q) \times \underline{\hspace{2cm}}(T) \div 200$$

$$L = \underline{\hspace{2cm}} \text{ m}$$

**Notes:**

**OR**

8.7.3.1(3) With treatment unit as described in Table 8.6.2.2.

$$L = \underline{\hspace{2cm}} QT/300$$

$$L = \underline{\hspace{2cm}}(Q) \times \underline{\hspace{2cm}}(T) \div 300$$

$$L = \underline{\hspace{2cm}} \text{ m}$$

**Notes:**

**B: Filter Bed**

In-ground      Raised      Partially Raised

$Q = \text{Daily design flow (in litres)}$

$T = \text{Percolation Time of underlying soil}$

$A = \text{Area (in square meters)}$

**Effective Surface Area:**

i) If  $Q \leq 3000 \text{ litres/day}$

$$A = Q/75$$

$$A = \underline{\hspace{2cm}}(Q) \div 75$$

$$A = \underline{\hspace{2cm}} \text{ m}^2$$

ii) If  $Q > 3000 \text{ litres/day}$

$$A = Q/50$$

$$A = \underline{\hspace{2cm}}(Q) \div 50$$

$$A = \underline{\hspace{2cm}} \text{ m}^2$$

iii) Where level II, III, IV treatment unit used as described in Table 8.6.2.2.

$$A = Q/100$$

$$A = \underline{\hspace{2cm}}(Q) \div 100$$

$$A = \underline{\hspace{2cm}} \text{ m}^2$$

If area "A" of effective surface area is greater than 50 m<sup>2</sup>:

How many cells are to be installed?

What is the size of each cell?

**Filter Medium Base Area:**

$$A = QT/850$$

$$A = \underline{\hspace{2cm}}(Q) \times \underline{\hspace{2cm}}(T) \div 850$$

$$A = \underline{\hspace{2cm}} \text{ m}^2$$

**C. Loading Rate (fill area) from Table 8.7.4.1 of the Building Code (if applicable)****Loading Rates (LR) for  
Fill-based/Absorption Trenches and Filter Beds**

Percolation Time of Soil (T) Min/cm	Loading Rate (LR) (L/m <sup>2</sup> )/per day
between 1 and 20	10
between 20 and 35	8
between 35 and 50	6
greater than 50	4

Loading Area (in m<sup>2</sup>) = Q/LR

LA = \_\_\_\_\_ (Q) ÷ \_\_\_\_\_ (LR)

LA = \_\_\_\_\_ m<sup>2</sup>

A Dose Pump is required if total distribution pipe is 150m or more

Dose Pump required? Yes No

L = Total length of distribution pipe in the leaching bed

V = Effluent volume (in litres) pumped.

75mm (3") diameter distribution pipe V = 3.3 x L = \_\_\_\_\_

100mm (4") diameter distribution pipe V = 5.9 x L = \_\_\_\_\_

**D. Type A Dispersal Bed**

In-ground      Raised      Partially Raised

Q = Daily design flow (in litres)

T = Percolation Time of underlying soil

A = Area (in square meters)

(i) **Stone layer area:** (Formulas in (i) and (ii) are based on the value of "Q" and will calculate or not calculate based on that value.)

If Q ≤ 3,000 litres/day

A = Q/75

A = \_\_\_\_\_ (Q) ÷ 75

A = \_\_\_\_\_ m<sup>2</sup>

(ii) If Q &gt; 3,000 litres/day

A = Q/50

A = \_\_\_\_\_ (Q) ÷ 50

A = \_\_\_\_\_ m<sup>2</sup>

(iii) **Sand layer area    T of 15 or less**

A =  $\frac{QT}{850}$

A = \_\_\_\_\_ (Q) x \_\_\_\_\_ (T) ÷ 850  
A = \_\_\_\_\_ m<sup>2</sup>

**OR** Not less than the lesser of sand layer and stone layer determined in (i) or (ii)

## (iv) Sand Layer area T &gt;15

shall,

- a) extend to at least 15m beyond the perimeter of the treatment unit, or distribution pipes if utilized, in any direction that the effluent entering the soil will move horizontally and,
- b) have an area that is not less than the value determined by the formula,

$$A = \frac{QT}{400}$$

where,

$$A = \underline{\hspace{2cm}} (Q) \times \underline{\hspace{2cm}} (T) \div 400$$

$$A = \underline{\hspace{2cm}} \text{m}^2$$

**E. Type B Dispersal Bed**

Q = Daily design flow (in litres)

T = Percolation Time of underlying soil

A = Area (in square meters)

$$A = \frac{QT}{400}$$

$$A = \underline{\hspace{2cm}} (Q) \times \underline{\hspace{2cm}} (T) \div 400$$

$$A = \underline{\hspace{2cm}} \text{m}^2$$

**OR,**Area determined by BCMOH Sewage System Standard Practice Manual

$$A = \underline{\hspace{2cm}} \text{m}^2$$

**F. Site Plan****Provide the following information:**

- Locate and show horizontal distance from sewage system to all proposed or existing structures, driveway, property lines, swimming pools
- Locate and show clearance to all wells (including those on adjacent properties)
- Water courses (eg. Lakes, rivers, ponds etc.)
- Swales, slopes and changes in grade
- North (facing) arrow
- Tank and pump chamber sizes (in litres) and name of Manufacturer
- Base, contact and loading areas (in square meters)
- Length of distribution pipe (in meters)

**Please use the attached template.**

**Permit #:**

## Schedule 2D: Site Plan

## A. Septic Installation Site Plan

## Project

Address:

## Plan

Lot:

Con:

## Tank

## Pump CI

## Pump Chamber

### Area (in Meters squared)

Base

## Contact

## Length of Distribution Pipe

(in Meters)

**A. Declaration and Acknowledgement**

1. I acknowledge that any deviation from the approved plans and specifications after the permit is issued is a violation of the Building Code Act and agree to consult with a building inspector before making any changes from the approved plans.
2. I agree to comply with the provisions of the Municipal Building and Zoning By-laws.
3. I agree that, neither the granting of a permit, nor approval of the plans and specifications, nor inspections made by Township of Tay Inspectors during work on the sewage system, shall relieve me from the responsibility for carrying out the work in accordance with the Building Code Act, as amended, and the Regulations made thereunder.
4. I declare that the information contained herein is in every respect, fully and truthfully stated to the best of my knowledge and belief.
5. I acknowledge that I will provide a pit analysis of filter medium where applicable.
6. I acknowledge that, prior to backfilling, the stone layer shall be protected by covering it with untreated building paper or a permeable geo-textile fabric.
7. I acknowledge that a leaching bed shall not be covered with any material having a hydraulic conductivity less than 0.01 m/day
8. I acknowledge that I will operate (if owner), or advise the owner (if contractor) of the operation and maintenance required on the septic system.
9. I acknowledge that I will provide/obtain a Maintenance Contract for a Treatment Unit and Class-5 Holding Tank
10. I acknowledge that should a temporary entrance be required to construct this septic system, I will obtain an such permit as is required by the Public Works Department (705) 728-4784 ext 230, prior to commencing construction.

**Submitted by:**

Name (please print)

Signature of Owner or Agent

Date

**B. FOR OFFICE USE ONLY****NOTES:** Permit granted Permit granted with attachments Unable to grant permit, reasons attached.

Name (please print)

Signature of Inspector

Date