

Application for a Permit to Construct or Demolish

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: **MUNICIPALITY OF SOUTH BRUCE**
21 Gordon St. East Teeswater ON N0G 2S0
Tel: (519) 392-6623
cbo@town.southbruce.on.ca

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) 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.
2. 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

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><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"> The information contained in this schedule 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. <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

Schedule 3A: Sewage System Specifications

A. Proposed Sewage System		<input type="checkbox"/> Residential		<input type="checkbox"/> Commercial							
<input type="checkbox"/> New Installation		<input type="checkbox"/> Replacement		<input type="checkbox"/> Alteration		<input type="checkbox"/> Repair					
B. Proposed Sewage System Type											
<input type="checkbox"/> CLASS 2 – LEACHING PIT (Limited Use)				<input type="checkbox"/> CLASS 3 – CESS POOL (Restricted Use)							
<input type="checkbox"/> CLASS 4 – SEWAGE SYSTEM				<input type="checkbox"/> CLASS 5 – HOLDING TANK (Temporary or Limited Use)							
C. Building Information											
Plumbing Fixtures (Include roughed-in plumbing and proposed additions (future basement bathroom)											
Description	# Existing	+	#New (Proposed)	=	Total	x	Fixture Unit	=	Count		
<i>Example; Sink</i>	0	+	1	=	1	x	1.5	=	1.5		
Bath Group -toilet/sink/shower		+		=		x	6	=			
Sinks/Wash Basins		+		=		x	1.5	=			
Bathtub>Showers		+		=		x	1.5	=			
Toilets (flush tank)		+		=		x	4	=			
Dishwasher		+		=		x	1.5	=			
Laundry Tub/Washer Machine		+		=		x	1.5	=			
Water Softener backwashes into Sewage System? <input type="checkbox"/> Yes <input type="checkbox"/> No						TOTAL FIXTURE UNITS		=			
Volume of Backwash _____ <input type="checkbox"/> Gal <input type="checkbox"/> Litres								=			
D. Design Flow Calculations (Q)											
BEDROOM FLOWS (A)	# of BEDROOMS		Number	Volume (litres)	Total Flow	FINISHED FLOOR AREA (M ²)					
	<input type="checkbox"/>	1 Bedroom		750		FIRST FLOOR					
	<input type="checkbox"/>	2 Bedrooms		1100		SECOND FLOOR					
	<input type="checkbox"/>	3 Bedrooms		1600		THIRD FLOOR					
	<input type="checkbox"/>	4 Bedrooms		2000		TOTAL					
<input type="checkbox"/>	5 Bedrooms		2500		DESIGN FLOW "Q"						
Extra Bedroom Over 5 (B)	<input type="checkbox"/>	Each Bedroom		500		Q = A + (B or C or D)					
LIVING AREA FLOWS (C)	<input type="checkbox"/>	Each 10m ² over 200m ² - 400m ²		100		A = _____					
	<input type="checkbox"/>	Each 10m ² over 400m ² - 600m ²		75		B = _____					
	<input type="checkbox"/>	Each 10m ² >600m ²		50		C = _____					
FIXTURE COUNT FLOW (D)	<input type="checkbox"/>	Each Fixture over 20 fixture units		50		D = _____					
						Q = _____ litres/day					
E. Septic Tank Size (Working Capacity)											
<input type="checkbox"/> New CSA B66 Standard				<input type="checkbox"/> Existing				<input type="checkbox"/> Replacement			
<input type="checkbox"/> Residential: Min. Tank Size = 2 x Q				<input type="checkbox"/> Non-Residential: Min. Tank Size = 3 x Q				Proposed/Existing Working Capacity = _____ Litres			
F. Other Treatment Unit											
<input type="checkbox"/> Tertiary				<input type="checkbox"/> Secondary							
Manufacturer _____	Model _____	BMEC # _____									

Schedule 3B: 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 Municipality of Kincardine requires documentation on the soils proposed to be used by a certified soil technician 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	Clayey 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

Percolation Time between 10 and 20 min/cm is ideal.

Schedule 3C: Class 4 Sewage System

- Conventional Leaching Bed : Where “T” is 1 to 50 min/cm and 900mm clearance from bedrock/high water table
- Raised Leaching Bed: Where “T” is <1 or >50 min/cm with imported fill
- Filter Bed System: Limited space with stone and sand filter
- Shallow Buried Trench System – Designed by a Qualified Designer – Documents attached

A. ABSORPTION TRENCH		<input type="checkbox"/> In-ground	<input type="checkbox"/> Raised	<input type="checkbox"/> Partially Raised			
<input type="checkbox"/> Length of Distribution Pipe (T= ≤ 50 min/cm): $L = QT/200$ $L = \underline{\hspace{2cm}} \text{ m}$ L = length of distribution pipe (min. 40m required) Q = daily design flow in litres T = percolation time of underlying soil (max. 50 min/cm)	Loading Rates (LRM) Fill-Based Trenches and Filter Beds (Table 8.7.4.1.A. OBC)						
			Percolation Time of Soil (T), (min/cm)	Loading Rates (L/m ²)/day			
	<input type="checkbox"/>		1 < T ≤ 20	10			
	<input type="checkbox"/>		20 < T ≤ 35	8			
	<input type="checkbox"/>		35 < T ≤ 50	6			
	<input type="checkbox"/>		T > 50	4			
<input type="checkbox"/> Length of Distribution Pipe (T= >50 min/cm): $L = QT/40$ $L = \underline{\hspace{2cm}} \text{ m}$ L = length of distribution pipe (min. 40m required) Q = daily design flow in litres T = percolation time of underlying soil (greater than 50 min/cm)	<input type="checkbox"/> Loading Area(A): $Q / LRM = \underline{\hspace{2cm}} \text{ m}^2$ A = area in m ² LRM= Loading Rate (see above table)						
	<input type="checkbox"/> Established Benchmark $\underline{\hspace{2cm}} \text{ m}$						
<input type="checkbox"/> Length of Distribution Pipe (With Treatment Unit): $L = QT/300$ $L = \underline{\hspace{2cm}} \text{ m}$ L = length of distribution pipe (min. 40m required) Q = daily design flow in litres T = percolation time of underlying soil (greater than 50 min/cm)	<input type="checkbox"/> Dose Pump Required <input type="checkbox"/> Yes <input type="checkbox"/> No (Required if total distribution pipe is 150m or more)						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Manufacturer <hr/></td> <td style="width: 50%; padding: 2px;">BMEC # <hr/></td> </tr> </table>	Manufacturer <hr/>	BMEC # <hr/>	Pump Size <input type="checkbox"/> 3” Diam. $V = 3.3 \times L \underline{\hspace{2cm}}$ <input type="checkbox"/> 4” Diam. $V = 5.9 \times L \underline{\hspace{2cm}}$				
Manufacturer <hr/>	BMEC # <hr/>						
Length of Trench based on BMEC Report: $L = \underline{\hspace{2cm}} \text{ m}$	L = total length of distribution pipe in the leaching bed V = effluent volume pumped per cycle in litres						
B. FILTER BED		<input type="checkbox"/> In-ground	<input type="checkbox"/> Raised	<input type="checkbox"/> Partially Raised	8.7.5. OBC		
1. Effective Filter Bed Area: <input type="checkbox"/> Q = 3,000 litres/day or less $Q/75 = \underline{\hspace{2cm}} \text{ m}$ <input type="checkbox"/> Q = Over 3,000 litres/day $Q/50 = \underline{\hspace{2cm}} \text{ m}$	<input type="checkbox"/> Pump Required <input type="checkbox"/> Yes <input type="checkbox"/> No Pump Size <input type="checkbox"/> 3” Diam. $V = 3.3 \times L \underline{\hspace{2cm}}$ <input type="checkbox"/> 4” Diam. $V = 5.9 \times L \underline{\hspace{2cm}}$						
2. Contact Area: $Q \times T/850 = \underline{\hspace{2cm}} \text{ m}^2$	L = total length of distribution pipe in the leaching bed V = effluent volume pumped per cycle in litres						
3. Mantle Area : $Q/LRM = \underline{\hspace{2cm}} \text{ m}^2$ <input type="checkbox"/> Established Benchmark $\underline{\hspace{2cm}} \text{ m}$							
C. WATER SUPPLY		<input type="checkbox"/> Existing	<input type="checkbox"/> Proposed				
<input type="checkbox"/> Municipal <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug or Bored Well <input type="checkbox"/> Other		Note: All wells within 30 metres, in use or abandoned, must be shown on the site plan.					
COMMENTS: <hr/> <hr/> <hr/> <hr/>							

Schedule 3D: Site Plan and Cross Section

SITE PLAN	N
CROSS SECTION	

The site plan and cross section is required and must contain the following information:

- Location and dimensions of all buildings
- All wells in use or abandoned within a 30 metre (100 ft) radius of the proposal
- All existing and proposed structures and swimming pools
- The location of any unsuitable, disturbed or compacted areas
- Any slopes (include slope degree and direction)
- The cross-sectional view of the proposal which includes house, tank and tile bed elevations as well as existing and finished ground levels or grades (recommend bench mark for tiles)
- All water bodies and ditches, drain tiles, swamps, flood plain or areas prone to flooding
- All driveways and proposed access routes for septic system in maintenance
- All field drains, underground hydro, water services and basement drains
- Proposed system layout including all system components including mantles and their setbacks from structures, lot lines and wells.