

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: A0 -	Permit number (if different):
Date received:	Roll number: 4341-

TOWNSHIP OF SPRINGWATER

(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information			
Building number, street name		Unit number	Lot/con.
Municipality (City/Town)	Postal code	Plan number/other description	
Project Value est\$:		Area of work (m ²)	
B. 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 (City/Town)	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 (City/Town)	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
D. Builder (optional)			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality (City/Town)	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
E. 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			
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. 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, _____ certify 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 authority to bind the corporation or partnership (if applicable).

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 (City/Town)	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 (City/Town)	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 style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Applicant</p>			

Schedule 2A: Sewage System Information – Class 4 Filter Bed

F. System Information

Test Holes are required for all applications; minimum size to be 3 feet (.9 meters) wide and 6 feet (1.8 meters) deep. must be stepped or sloped.

Test Holes ready?
 Yes No

"T" time of original controlling soil layer:

min/CM

Soil to be used : Existing on site Imported

Will a **pump** be required because gravity flow is insufficient? Yes No

If yes, a pump and pump chamber that is sized to deliver _____ litres per 15 minute cycle will be installed between the septic/tank treatment unit and the leaching bed.

Qty	Plumbing Fixtures	Fixture Unit Value (FUV)	Total FUV (Qty x FUV =)	Area	Finished Floor Area <input type="checkbox"/> Sq M <input type="checkbox"/> Sq Ft
	Dishwasher	0 – 1.5		Basement	
	Garbage Grinder	3		1 st Floor	
	Hot Tub/Spa	1.5		2 nd Floor	
	Kitchen Sink	1.5		3 rd Floor	
	Laundry Tub	1.5		Loft	
	Toilets	4		Other	
	Tub/Shower (1 head)	1.5		TOTAL AREA	<input type="checkbox"/> Sq M <input type="checkbox"/> Sq Ft
	Tub/Shower (2-3 heads)	3			
	Tub/Shower (4-6 heads)	6		Number of separate dwelling units	
	Wash basin	1.5		Total Number of bedrooms	
	Washing Machine	1.5		Note: Fixture Value Units (FUV) taken from OBC, Division B, Table 7.4.9.3	
	TOTAL FUV:				

Additional appliances: Water filter Water Softener Do they backwash into sewer lines? Yes No

Water Source: Existing OR Proposed Drilled Well Dug Well Municipal Well Communal Well Other: _____

G. System Design Factors (Required Items)

Total Fixture Unit Values (for all dwelling units):

Number of bedrooms (for all dwelling units):

Total finished floor area (for all dwelling units):

Based on the required items above:

Total Daily Sanitary Sewage Flow: Q=

Minimum septic tank size _____ litres, OR an appropriately sized treatment unit meeting the requirements of Section 8.6.2.2 of the Ontario Building code (OBC).
 Proposed size: _____

H. Calculations - Standard

A = Area in square metres **Q** = Daily design sanitary sewage flow in litres

T = Percolation time of underlying native soils in minutes per centimetre to a maximum of 50

Minimum STONE Layer Area (Effective Surface Area)

Minimum SAND Layer Area (Filter Medium Base Area)

Less than 3000 Litres/day

Greater than 3000 Litres/day

$$A = \frac{Q}{75}$$

$$= \frac{75}{75}$$

$$*A =$$

OR

$$A = \frac{Q}{50}$$

$$= \frac{50}{50}$$

$$*A =$$

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

$$= \frac{850}{850}$$

$$A =$$

*IF "A" IS GREATER THAN 50M²: How many cells to be installed?

What size will the cells be?

Loading Rate (fill area) from Table 8.7.4.1A of the Ontario Building Code

$$= Q \div (\text{rate}) \text{ or } \quad \div \quad = \quad \text{M}^2$$

Schedule 2A: Sewage System Information – Class 4 Filter Bed (continued)

I. Calculations – Other Treatment Units

BMEC Authorization Number: _____

See attached documentation: Yes No

J. Design Parameters

Benchmark established as : _____. (ie: Road, Top of Foundation Wall, etc...)

Area will be excavated to a maximum depth of _____ mm Above benchmark Below Benchmark

Highest existing grade before site was disturbed. Base will be graded and scarified.

This bed will be:

In ground Raised, if so, how much over finished grade: _____ Partially Raised, if so how much over finished grade: _____

Other Comments:

K. Declaration

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 plans once approved.
2. I agree to comply with the provisions of the Municipal Building and Zoning By-laws.
3. I agree that neither the grating of a Permit, nor approval of the plans and specifications, nor inspections made by Township of Springwater Inspectors during work on the sewage system shall relieve me from responsibility for carrying the work out in accordance with the Building code Act 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.

Submitted by:

Name (please print)

Signature of Owner or Agent

Date:

For Office Use Only

Permit Granted Permit Granted with attachments Unable to grant, reasons attached.

Name (please print)

Signature of Chief Building Official or Designate

Date: