

Application for a Permit to Construct or Demolish

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

For use by Principal Authority				
Application number:		Permit number (if different):		
Date received:		Roll number:		
Application submitted to: TOWNSHIP OF MADAWASKA VALLEY <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>				
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				
New construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building		Current use of building		
Description of proposed work				
C. 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 ()		
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.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes	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.			Yes	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> .			Yes	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.			Yes	No
iv) The proposed building, construction or demolition will not contravene any applicable law.			Yes	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:

- 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.
- 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 practice, a limited license to practice, 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 engages 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 section B is "Yes")			
Name		BCIN	
Address		Unit Number	Lot/Con.
Municipality (City/Town)	Postal code	Province	E-mail
Telephone (include area code)	Fax (include area code)	Cell (include area code)	
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			
I,	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.			
OR			
<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.			
Date		Signature of Applicant	

Schedule 2A: Sewage System Information

A. A Proposed Sewage System

IS FOR: Residential use Commercial Use

INSTALLATION IS: New Replacement Alteration Repair

Test Holes are 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 & 5 sewage systems have limited or restricted uses.

C. Design Flow Calculations – Dwellings (separate calculations required for non-residential structures)

Record number of Plumbing Fixtures (include rough-in plumbing eg. for future basement bathroom)

Description of Fixture	Number of New/Proposed Fixtures		Fixture Units		Fixture Unit Count
Dishwasher		x	1.5	=	
Garbage grinder		x	3	=	
Hot tub/Spa		x	1.5	=	
Kitchen sink		x	1.5	=	
Laundry tub		x	1.5	=	
Toilet		x	4	=	
Tub/Shower (1 head)		x	1.5	=	
Wash basin		x	1.5	=	
Washing Machine		x	1.5	=	
Other – please specify:		x		=	
Other – please specify:		x		=	
TOTAL FIXTURE UNITS:					

TOTAL FIXTURE UNITS OVER 20:

Additional appliances: Water Softener
 Water Filter

Does it backwash into Septic? Yes No
 Does it backwash into Septic? Yes No

Record finished floor area (In square meters) for the following:

1 st Floor	2 nd Floor	3 rd Floor	Loft	Walkout	TOTAL

Record number of separate dwelling units:

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 (Litres)		Total Flow
<input type="checkbox"/>	1 Bedroom	750	=	
<input type="checkbox"/>	2 Bedrooms	1100	=	
<input type="checkbox"/>	3 Bedrooms	1600	=	
<input type="checkbox"/>	4 Bedrooms	2000	=	
<input type="checkbox"/>	5 Bedrooms	2500	=	
TOTAL (A)				

Bedroom Flow (B)	>5 Bedrooms	Number of bedrooms >5	Volume (Litres)		Total Flow
<input type="checkbox"/> Yes <input type="checkbox"/> No			x 500 (each)	=	
TOTAL (B)					

Living Area Flow (C)	Size of Living Area	# of Increments of 10m2 over living area	Volume (Litres)		Total Flow
<input type="checkbox"/>	0 - 200 M2		x 0	=	
<input type="checkbox"/>	201 - 400 M2		x 100	=	
<input type="checkbox"/>	401 - 600 M2		x 75	=	
<input type="checkbox"/>	> 600 M2		x 50	=	
TOTAL (C)					

Fixture Units (D)	Number of Fixture Units over 20 (from pg. 5)	=	x	50 L/Fixture Unit	Total Flow
TOTAL (D)					

E. Design Flow (Number of Litres per day)

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

$$Q = \underline{\hspace{2cm}} A + \underline{\hspace{2cm}} (B \text{ or } C \text{ or } D)$$

Q = _____ Litres/day

F. Septic Tank Size (Working Capacity) For Class 4 System Existing Replacement

		Proposed/Existing Working Capacity
<input type="checkbox"/> Residential (3600L) Minimum	2 x Q	_____ Litres
<input type="checkbox"/> Non-Residential (3600L) Minimum	3 x Q	

G. Other Treatment Unit Tertiary Secondary

Manufacturer	Model	BMEC (Attach to Application)

Schedule 2B: Class 4 Sewage System Calculations

A. Absorption Trench

In-ground Raised Partially Raised

L = Length of Distribution Pipe (in metres)

Q = Daily Design Flow (in litres)

T = Percolation Time of underlying soil

8.7.3.1(2)

$$L = \frac{\quad}{Q} \times \frac{\quad}{T} / 200$$

$$L = \frac{\quad}{\quad}$$

NOTE:

OR

8.7.3.1(3) With Treatment Unit or Permitted by Proprietary Products

$$L = \frac{QT}{300}$$

$$L = \frac{\quad}{Q} \times \frac{\quad}{T} / 300$$

$$L = \frac{\quad}{\quad}$$

NOTE:

B. Filter Bed

In-ground Raised Partially Raised

L = Length of Distribution Pipe (in metres)

Q = Daily Design Flow (in litres)

T = Percolation Time of underlying soil

EFFECTIVE SURFACE AREA

i) If Q < 3000 litres/day

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

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

$$A = \frac{\quad}{\quad} \text{ m}^2$$

ii) If Q > 3000 litres/day

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

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

$$A = \frac{\quad}{\quad} \text{ m}^2$$

If Area "A" of effective surface area is greater than 50 m²:

How many cells are to be installed? _____

What is the size of each cell? _____

FILTER MEDIUM BASE AREA

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

$$A = \frac{\quad}{\quad} \times \frac{\quad}{850}$$

$$A = \frac{\quad}{\quad} \text{ m}^2$$

Schedule 2C: Soil Design Criteria and Site Evaluation

A. Percolation Rate of Design Soil (T)

Percolation Rate of Design Soil T = _____ min/cm Soil is: <input type="checkbox"/> Native <input type="checkbox"/> Imported	Percolation Rate of Mantle Sand T = _____ min/cm Soil is: <input type="checkbox"/> Native <input type="checkbox"/> Imported	SEE: <input type="checkbox"/> Laboratory Analysis <input type="checkbox"/> Lab Report Attached
---	---	--

NOTE: The MUNICIPALITY will require documentation by a certified soil technician on proposed imported soils to confirm the percolation rate ("T"-time), or the suitability of filter sand or imported fill.

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.

<input type="checkbox"/> 3" diameter distribution pipe	V =	3.3 x L	=	
<input type="checkbox"/> 4" diameter distribution pipe	V =	5.9 x L	=	

B. 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 etc.)
- ✓ Swales, slopes and changes in grad
- ✓ North (facing) arrow
- ✓ Tank and pump chamber sizes (in litres)
- ✓ Base, contact and loading areas (in square meters)
- ✓ Length of distribution pipe (in metres)

Please use the attached template.

Schedule 2D: Site Plan

SEPTIC INSTALLATION SITE PLAN

Address:		Plan:		Lot:		Con:	
Tank Size (L)		Pump Chamber Size (L)		Base Area (m ²)			
Contact Area (m ²)		Contact Area (m ²)		Length of Distribution Pipe (m)			

C. 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 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 MUNICIPALITY Inspectors during work on the sewage system, shall relieve me from 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 0.01m/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 entrance approval if required by the Public Works Department, prior to commencing construction.

Submitted by:

Name (please print)	Signature of Owner or Agent	Date

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

Name (please print)	Signature of Chief Building Official or Designate	Date