

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: _____ (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				
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				
Last name	Applicant is:	Owner or First name	Authorized agent of owner 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]			
House	HVAC – House	Building Structural	
Small Buildings	Building Services	Plumbing – House	
Large Buildings	Detection, Lighting and Power	Plumbing – All Buildings	
Complex Buildings	Fire Protection	On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>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.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Firm BCIN: _____</p> <p>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.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="padding-left: 40px;">Basis for exemption from registration and qualification: _____</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. I have submitted this application with the knowledge and consent of the firm. <p style="margin-top: 20px;"> _____ Date _____ Signature of Designer </p>			

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 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?			
Yes (Continue to Section C)		No (Continue to Section E)	
		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: 40px;">(print name)</p> <p style="margin-left: 40px;">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 style="margin-left: 40px;">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-left: 40px;">_____</p> <p style="margin-left: 40px;">Date</p> <p style="margin-left: 300px;">_____</p> <p style="margin-left: 300px;">Signature of applicant</p>			

BUILDING PERMIT APPLICATION – ONSITE SEWAGE SYSTEM

SCHEDULE 3A – SOIL & WATER TABLE INFORMATION

(Minimum depth of test pit: 1 metre)

DATE : _____ TEST PIT - Sub-surface conditions encountered

		<u>APPLICANT'S USE</u>		<u>INSPECTOR'S USE</u>	
Existing grade	Depth (m)	Soil Type	"T" Time	Soil Type	"T" Time
Rock & G.W.T.	- 0 -				
	- 0.25 -				
	- 0.50 -				
	- 0.75 -				
	- 1.00 -				
	- 1.25 -				
	- 1.50 -				

LEGEND: (Elevations based on existing grade) (Note: proposed revised grades must be noted on site plan and cross-section)

BR – bedrock or impervious soil (min. 0.9 metres to bottom of stone)	m – metres
GWT- ground water table	EG – existing grade Note proposed grade (PG) if applicable
HGWT – high ground water table (min. 0.9 metres to bottom of stone)	"T" – percolation rate (min/cm)

SEWAGE SYSTEM DESIGN CRITERIA (Based on above details):

Sewage System minimum raised height above grade	1.5m -- GWT or bedrock depth = Minimum raised height of bed
	1.5m -- _____ = _____ (raised height of system)

WATER SUPPLY (PROPOSED OR EXISTING):

Municipal		Dug Well		Drilled Well		Shallow or Sand Pt.		Other		Specify:
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SETBACKS:

FRONT OR WATER	SIDE	SIDE	REAR
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INSPECTORS REPORT:

Date of Inspection: _____ day/month/year	LEACHING BED DESIGN CRITERIA Depth to rock/impervious soil 1.5 - _____ (Bedrock/Clay) = _____ metres
a.m. p.m.	Design HGWT 1.5M – _____ (HGWT encountered) = _____ metres
Weather	Site to be scarified yes no
Representing Owner:	Sub-grade inspection yes no
Design "T" _____ min/cm	Mantle yes no
Percolation test required yes no	Inspected and Recommended by:
Grain size analysis required yes no (if yes, see addendum)	

BUILDING PERMIT APPLICATION – ONSITE SEWAGE SYSTEM

SCHEDULE 3B- DESIGN CRITERIA

PLUMBING SPECIFICATIONS – FOR ALL BUILDINGS TO BE SERVICED BY THE PROPOSED SEWAGE SYSTEM

DESCRIPTION	# UNITS PER FIXTURE	DWELLING #1		DWELLING #2		SLEEPING CABIN		OTHER		TOTAL FIXTURE UNITS
		Proposed	Existing	Proposed	Existing	Proposed	Existing	Proposed	Existing	
Toilet	4									
Wash Basin (Lavatory)	1									
Bathtub or Shower	1.5									
Shower Stall	1.5									
Bathroom Group	6									
Kitchen Sink (single or double)	1.5									
Bar Sink	1									
Washing Machine	1.5									
Garbage Grinder	*See Note*									
Other										
TOTAL FIXTURE UNITS										
FINISHED FLOOR AREA										
# OF BEDROOMS										

***NOTE: ADDITIONAL APPLIANCES**

GARBAGE GRINDER – 2.5 x DAILY FLOW FOR SEPTIC TANK SIZING*

*** WATER SOFTENER TREATMENT SYSTEM NOT TO BE DISCHARGED INTO SEWAGE SYSTEM***

TOTALS

Calculated Flow Rate (see Design Flow Chart Appendix A)

Bedrooms _____ → _____ L/day (see associated flow rate in Appendix A)
 # Fixture Units (FU) _____ → _____ L/day (50L./FU >20 FU see Appendix A)
 Floor Area _____ → _____ L/day (100 L./10 m²>200 m² see Appendix A)

Total Daily Sewage Flow Q = _____ L/day [bedroom flow rate (up to 2,500L/day) + highest (Flow to be used for design Schedule 3C) calculated rate]

PROPOSAL TO CONSTRUCT SEWAGE SYSTEM

Class 2 Leaching Pit -- see handout (200 L./fixture unit (pressurized) cannot exceed 1,000 L./day)
 Side wall Loading rate (litres/day /sq.m.) = 400/T Lr = 400/ _____ = _____ sq. m. of sidewall
 Design details: _____

Class 4 Sewage System - septic tank and or leaching bed (filter or trench bed see Schedule 4C (next page)

Tertiary Treatment Unit – CAN/BNQ 3680-600 approval number must be submitted with application

Make/model _____ Flow Rate _____ L./day T-Time of Native Soil _____

Raised Height _____ metres. Stone Area _____ m² Sand Area _____ m²

Type "A" Dispersal Bed (min 500mm) Q/75 or Q/50 (>3000L/Day) QT/850 or QT/400 (>T-15)

Class 5 Holding Tank – Requirements: Audio/Visual Alarm

Q = _____ x 7 = _____ L Tank Size Proposed _____ L Pump Out Contract _____ (contract required prior to submission)

**BUILDING PERMIT APPLICATION – ONSITE SEWAGE SYSTEM
SCHEDULE 3C – PROPOSAL TO CONSTRUCT CLASS 4 SEWAGE SYSTEM**

Septic Tank Use Existing New CSA Standard

Residential Occupancy
Q _____ X 2 = _____ litres

Residential with Garburator
Q _____ X 2.5 = _____ litres

Proposed Working Capacity _____ litres (min. 3600L) (x 3 if non-residential use)
(Tank proposed for use)

Treatment Unit (specify) _____ Operating Capacity _____ litres/day
(When combined with Filter Bed)

Class 4F Filter Bed

If Q is 3000 litres or less Q = _____ ÷ 75 = _____ Sq. Metres

If Q is more than 3000 litres Q = _____ ÷ 50 = _____ Sq. M. ÷ 2 beds of _____ Sq. M.

If Treatment Unit Q = _____ ÷ 100 = _____ Sq. Metres

Extended Contact Area (Base of Filter) $\frac{Q \times T}{850} = \frac{\quad \times \quad}{850} = \quad$ Sq. Metre Contact

PROPOSAL: # of Beds _____ Filter Bed Area _____ m² Contact Area _____ m² Raised height _____ m.

Class 4 Trench Bed Absorption trench(* ÷ 300 if treatment unit)

T-time (percolation rate of soil used for calculation.) Native Imported Raised height _____ m.

Q X T ÷ 200* = _____ x _____ ÷ 200* = _____ m. ÷ no. of runs _____ = _____ m. per run

Class 4 Loading Rates - Area requirements

LOADING AREA – EXISTING _____ PROPOSED _____
(Native T<15) (Imported T>15)

Percolation Time of Existing (in-situ) Soils

If "T" is: 1 < 20 Use: $\frac{Q}{10} = \frac{\quad}{10} = \quad$ m²

If "T" is: 20 --- 35 Use: $\frac{Q}{8} = \frac{\quad}{8} = \quad$ m²

If "T" is: 35 --- 50 Use: $\frac{Q}{6} = \frac{\quad}{6} = \quad$ m²

If "T" is: > 50 Use: $\frac{Q}{4} = \frac{\quad}{4} = \quad$ m²

OFFICE USE ONLY

SEWAGE SYSTEM PERMIT FEES	
New Sewage system	\$450.00
New Septic Tank	\$200.00
Leaching Bed Replacement	\$250.00
Sewage system Repair	\$250.00
Leaching Pit	\$250.00
Compliance inspection/report	\$250.00

PERMIT FEE	\$
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Fee paid	\$	Receipt#
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AUTHORIZATION FOR AN APPLICATION

FOR A BUILDING PERMIT

BY A PERSON OTHER THAN THE LEGAL OWNER

I _____, being the legal owner of
property described as Lot _____, Concession _____,
in the Township of Muskoka Lakes, Ward _____,
Plan # _____, Part # _____, located at
Civic address _____,
and having a tax assessment Roll # _____,
authorize _____, to make application to the
Township of Muskoka Lakes for a building permit to authorize the construction of
_____, at the above noted property.

Signature of Legal Owner