

**SCHEDULE 3**  
**BUILDING PERMIT APPLICATION**  
**SEPTIC SYSTEM INFORMATION TO SUPPORT PROPOSAL**

OWNER: \_\_\_\_\_ ROLL # \_\_\_\_\_

PROPOSAL: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DESCRIPTION	# UNITS PER FIXTURE	DWELLING #1		DWELLING #2		SLEEPING CABIN/BOATHOUSE		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										
Other										
<b>TOTAL FIXTURE UNITS</b>										
<b>FINISHED FLOOR AREA</b>										
<b># OF BEDROOMS</b>										

**FOR USE BY BUILDING DEPARTMENT STAFF:**

Septic System Approval # \_\_\_\_\_ adequate to support a maximum

\_\_\_\_\_ bedrooms, \_\_\_\_\_ fixture units and \_\_\_\_\_ m<sup>2</sup> of floor area,

Maximum Daily Sewage Flow ( L/day) \_\_\_\_\_

Sewage System adequate to support proposed structure: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

The personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O.1990, M.56. S.29(1)(g), 31(b). The information will be used for the purposes of administering this project. The information collected will be protected with appropriate security safeguards. All questions or concerns with respect to the collection, storage, use or retention of the information you provide on this form may be directed to the Township Clerk, 1 Bailey Street Port Carling Ontario P0B 1J0, telephone at 705-765-3156 Ext. 211