

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										
TOTAL FIXTURE UNITS										
FINISHED FLOOR AREA										
# OF BEDROOMS										

FOR USE BY BUILDING DEPARTMENT STAFF:

Septic System Approval # _____ adequate to support a maximum

_____ bedrooms, _____ fixture units and _____ m² 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