

SEWAGE SYSTEM PERMIT APPLICATION CHECKLIST

Before starting the application process, be sure that you have all the required documents. The following is a list of required documentation in order for a sewage system permit application to be deemed complete:

- Complete MMAH Application for a Permit to Construct or Demolish**
(2 pages)
- Completed Schedules 1 & 2 forms**
- Declaration - Authorized Agents form** if applicant is not the property owner;
- Proposed Sewage System Design** completely filled in;
- Site Plan** accurately drawn in relation to a copy of a survey showing the proposed septic tank and bed location complete with setbacks to all property lines, all buildings on the property, right-of-ways, hydro lines, and high water mark of any waterbody and watercourse; and
- Sewage System Permit Fees** as per Schedule "A" of Sewage Disposal System By-Law 2014-33.

NOTICE: Incomplete applications will not be reviewed until all required documents have been provided.

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			
<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			
C. 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	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.			<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. 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				
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).			<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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> .			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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			
I _____ declare that (choose one as appropriate):			
(print name)			
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: _____			
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: _____			
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:

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>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>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: 200px;">_____</p> <p style="margin-left: 200px;">Signature of applicant</p>			

Proposed Sewage System Design

Class of System:	2 or 3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Install <input type="checkbox"/> Repair	Test Hole Ready:	Yes <input type="checkbox"/>	No <input type="checkbox"/>																
Water Supply:				Soil Conditions:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">SOIL CONDITION</th></tr> <tr><td style="width: 50%;">Depth (metres)</td><td style="width: 50%;">Soil Type</td></tr> <tr><td style="text-align: center;">0</td><td style="border-left: 1px solid black; border-right: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">0.5</td><td style="border-left: 1px solid black; border-right: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">1.0</td><td style="border-left: 1px solid black; border-right: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">1.5</td><td style="border-left: 1px solid black; border-right: 1px solid black;"> </td></tr> <tr><td colspan="2">Show Rock Elevation _____</td></tr> <tr><td colspan="2">Show Water Table _____ W _____</td></tr> </table>		SOIL CONDITION		Depth (metres)	Soil Type	0		0.5		1.0		1.5		Show Rock Elevation _____		Show Water Table _____ W _____	
SOIL CONDITION																							
Depth (metres)	Soil Type																						
0																							
0.5																							
1.0																							
1.5																							
Show Rock Elevation _____																							
Show Water Table _____ W _____																							
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Surface Water <input type="checkbox"/> Other: _____				Est. Perc Rate _____ min/cm Bedrock Level _____ m High Water Level _____ m Date of Assessment: _____																			

Site Information

Fixture Unit Type	Number	Fixture Unit Value	Total
Bathroom Group (3+ Fixtures)		6	
2 Piece Powder Room		5.5	
Clothes Washer		1.5	
Laundry Sink		1.5	
Kitchen Sink		1.5	
Other			
Total Fixture Units:			

Total Number of Bedrooms (includes bunkies, lofts, etc.): _____

Total Area of Living Space on Property (includes bunkies, lofts, etc.): _____ m²

Daily Sewage Flow Calculation:

- A. Base Flow from Number of Bedrooms: _____ L (max. 5)
- B. Additional Bedrooms over 5: _____ x500 = _____ L
- C. Each Additional Fixture Unit over 20: _____ x50= _____ L
- D. Living Space up to 200m²:
- i. Each 10m² over 200m² up to 400m² : _____ x100 = _____ L
 - ii. Each 10m² over 400m² up to 600m² : _____ x75 = _____ L
 - iii. Each 10m² Greater Than 600m² : _____ x50 = _____ L

Total Daily Sewage Flow(Q): (A + B, C, or D) = _____ L/day

Tank(s)	Minimum Required	Proposed
Septic Tank Size: Daily Sewage Flow(Q) x2	= _____ L	= _____ L

Filter Bed

Filter Bed Area: <3000L/day DSF÷75= _____ m² Proposed _____ m²
 >3000L/day DSF÷50= _____ m² Proposed _____ m²
 No of Pods: _____ Arranged as _____ x _____ m²

Distribution Type: Pipe Chamber

Expanded Contact Area: QT÷850= _____ m² Proposed _____ m²

If Raised, Height above existing grade to bottom of stone layer: _____ m

OR

Conventional Trench

Daily Sewage Flow (DSF) x T÷200 = _____ m Proposed: _____ m
 Request for Reduction: Type _____ DSF x T÷300 = _____ m
 Percolation Rate of Fill (if required): _____ min/cm

If Raised, Height above existing grade to bottom of stone layer: _____ m

Loading Rate Area

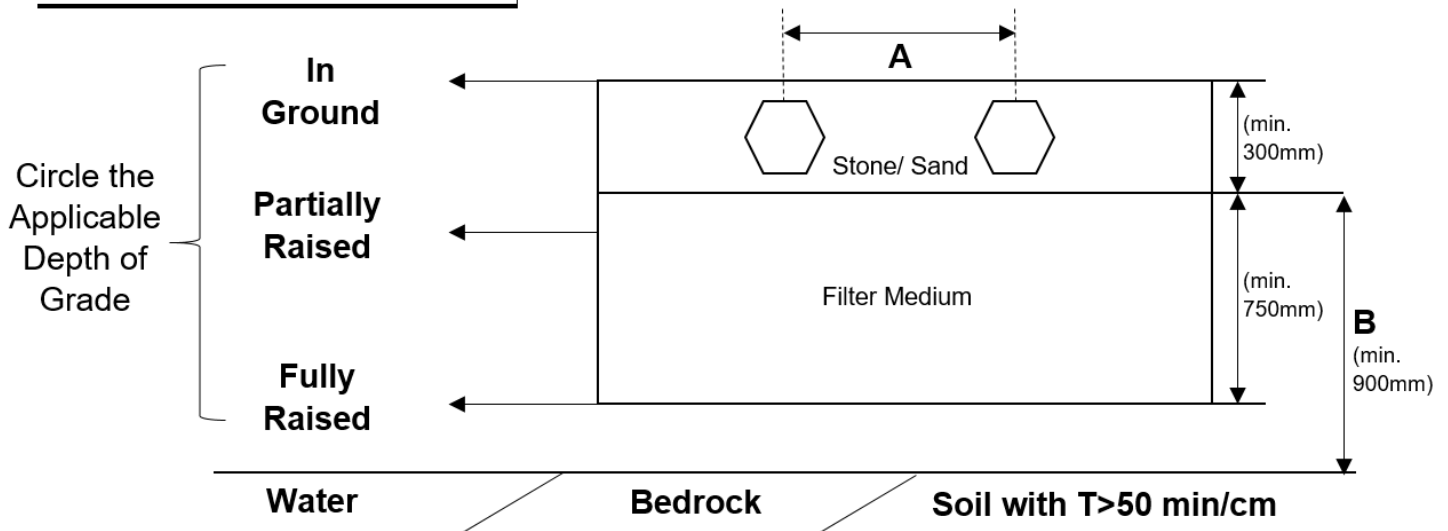
Daily Sewage Flow ÷ Loading Rate Factor = _____ m² Proposed: _____ m²

Receiving Soil Percolation Rate	Loading Rate Factor
1 < T ≤ 20	10
20 < T ≤ 35	8
35 < T ≤ 50	6
T > 50	4

15m Extended Mantle Required: Yes No Native

Higher Treatment Level Proposed? (Details):

Cross Section – Filter Bed



A – Proposed horizontal offset Distance between Runs _____ m

B – Proposed depth of Excavation to Water Table/ Bedrock _____ m

Township of North Kawartha
280 Burleigh Street, PO Box 550, Apsley, ON K0L 1A0
Tel: 705-656-4445 | 1-800-755-6931 | Fax: 705-656-4446
www.northkawartha.ca



Declaration – Authorized Agents

I, _____, am the owner of the property for which this permit is to
(Please print)
apply. I do hereby grant authorization to _____ to act on my behalf in
(Please print)
to this regard application.

Owners Signature _____ Date _____

Please Print In Ink

I, _____, the undersigned, hereby acknowledge and agree to the following:

3.1.19.1 Clearance to Building

- 1) Where a building is to be constructed in proximity to existing above ground electrical conductors of voltage not less than 2.5 kV and not more than 46 kV,
 - a) The building shall not be located beneath the conductors and
 - b) The horizontal distance between the building and the conductors shall not be less than 3 m. (9 ft. 10 in.)
- 2) Where a building is to be constructed in proximity to existing above ground electrical conductors of a voltage more than 46 kV, the clearances between the building and the conductors shall conform to the requirements of CAN/CSA-C22.3 No. 1, "Overhead Systems".

There are no Right of Ways or Easements (either Registered or Unregistered on title) on this property for which the application pertains.

This building permit may be revoked if work is not commenced within six (6) months or if there is a lapse in construction for a period of twelve (12) months.

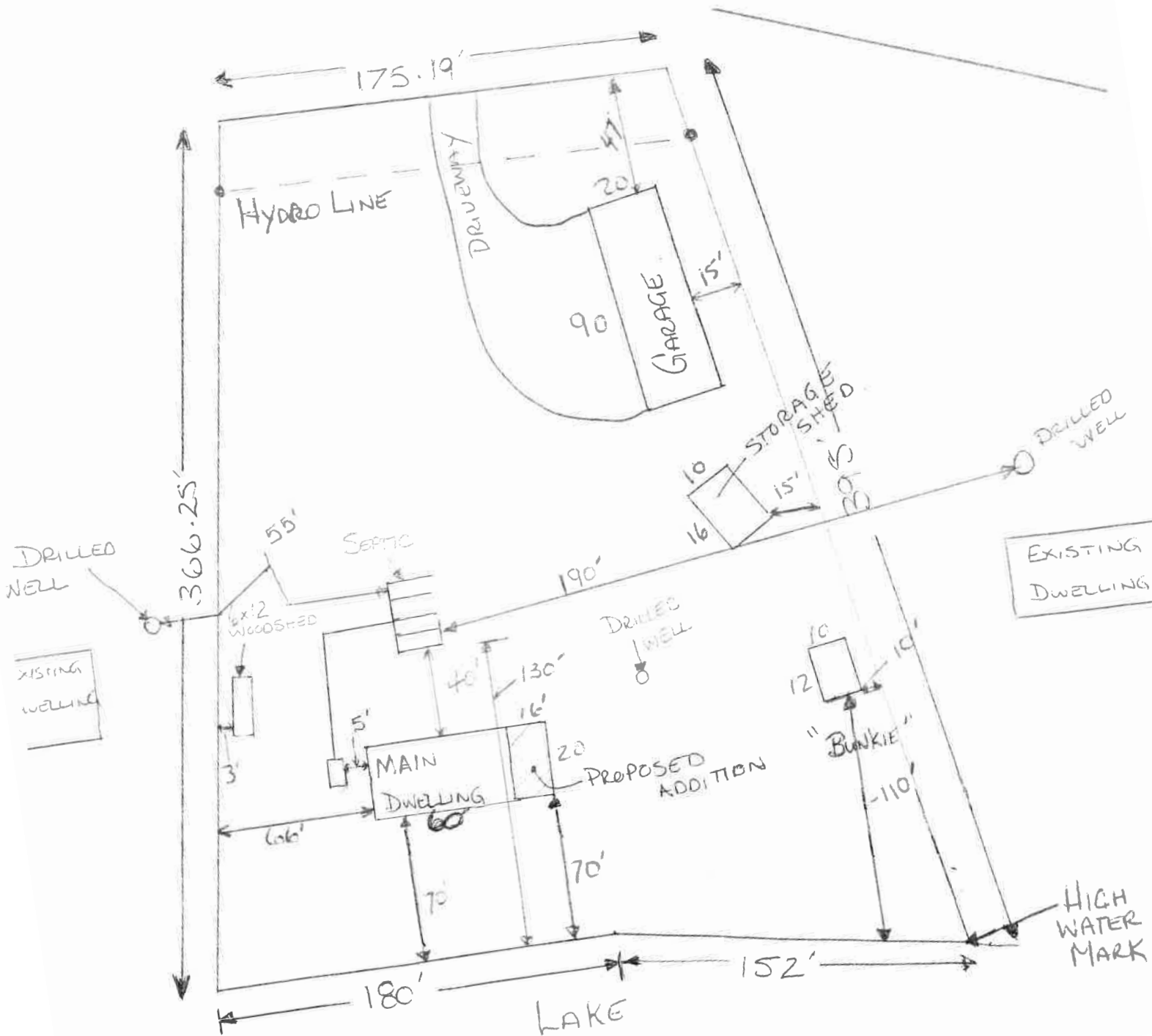
I will be solely responsible for giving at least five municipal working days notice for the purpose of having inspections carried out pursuant to inspection requirements listed on the posted building permit and further acknowledge that failure to give required inspection notice can result in having to uncover uninspected work and/or penalties as set out in the Building Code Act.

No changes in plans will be made without written approval from the Chief Building Official and/or Inspector.

The information set out in this application is accurate and correct.

Date _____ Signature _____

1313 Mockingbird Lane Proposed site plan Sample(not to scale)



The Corporation of the Township of North Kawartha
 Box 550, 280 Burleigh Street
 Apsley, Ontario
 K0L 1A0
 Phone # 705-656-4445 Fax #705-656-4446



Schedule "A" - Sewage Systems Fees Effective June 1, 2014

Service	Type	Fee
Sewage System Permits	Permit for Class 4 Sewage System, design capacity less than or equal to 4500 litres per day	\$680.00
	Permit for Class 4 Sewage System, design capacity greater than 4500 litres per day and less than 10,000 litres per day	\$950.00
	Permit for Class 4 Sewage System Tank Replacement Only	\$340.00
	Permit for bed replacement or repair only	\$340.00
	Permit for Class 5 Sewage System (Holding Tank)	\$680.00
	Permit for Class 2 (leach pit) or Class 3 (cesspool) system	\$340.00
*Change of Use Permit	Existing System Inspection/Review (Sewage System Permit for change of use or building addition)	\$225.00
Rezoning or minor variance	Rezoning or minor variance comments requiring a site visit	\$225.00
Severance or Subdivision Comments	First lot.....	\$225.00
	Each additional lot.....	\$125.00
Copies	Copies of archived permits	\$25.00
File Search	File Search, copies and letter	\$100.00

***Note: If application for a sewage system permit is required, 80% of this fee will be applied.**