

# 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 <sup>2</sup> )		
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 ( )		

<b>E. Builder (optional)</b>			
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 ( )	
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>			
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): _____			
<b>G. Required Schedules</b>			
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.			
<b>H. Completeness and compliance with applicable law</b>			
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
<b>I. Declaration of applicant</b>			
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.

<b>A. Project Information</b>			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax number ( )	Cell number ( )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
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			
<b>D. Declaration of Designer</b>			
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:**

- 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 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

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
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)	
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <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>			

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



**Form 2 – Soil & Water Table Information - (Minimum depth of test pits: 5 feet for 1.5 metres)**

**Date:** \_\_\_\_\_ **Test Pit – Sub-surface conditions encountered**

Existing grade	Depth (m)	Applicant's Use		Inspector's Use	
		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)**

- BR – be 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 \_\_\_\_\_ = \_\_\_\_\_ (raised height of system)

**Water Supply (Proposed or Existing):**

Municipal  Dug Well  Shallow or Sand Pt.  Other  Specify \_\_\_\_\_

**Inspectors Report:**

Date and time of Inspection:	Leaching Bed Design Criteria Depth to rock/impervious soil _____metres
Weather:	Design HGWT 1.5M - _____ (HGWT encountered) = _____metres
Representing Owner:	Site to be scarified ____yes ____no
Design "T" _____ min/cm	Sub-grade inspection ____yes ____no
Percolation test required ____yes ____no	Loading area (Mantle) ____yest ____no
Grain size analysis required ____ yes ____no	Inspected and Recommended by:

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**OnSite Sewage System – Form 3 – Design Criteria**

Plumbing Specifications – For All Buildings To Be Serviced By The Proposed Sewage System

Fixtures	# Existing	+ #New(Proposed)	= Total per	Units =	Fixture Count	Office use
Bathtub/Shower		+	= 1.5	=		
Shower stall		+	= 1.5	=		
Wash basin		+	= 1.5	=		
Toilet		+	= 4	=		
Bidet		+	= 1	=		
Kitchen sink - single or double		+	= 1.5	=		
Bar sink		+	= 1.5	=		
Washing machine		+	= 1.5	=		
Urinal		+	= 2	=		
Other		+	=	=		
Total Fixture Units (addition of fixture count column)				=		
Buildings to be serviced by system	Existing		Additional		Totals	Office use
Floor Area (not including basement)	m <sup>2</sup>		m <sup>2</sup>		m <sup>2</sup>	
Bedrooms (number)						

Totals                      Calculated Flow Rate (see Design Flow Chart)

# Bedrooms            \_\_\_\_\_ → \_\_\_\_\_ L/day

# Fixture Units (FU) \_\_\_\_\_ → \_\_\_\_\_ L/day

Floor Area             \_\_\_\_\_ → \_\_\_\_\_ L/day

Total Daily Sewage Flow Q = \_\_\_\_\_ L/day (Flow to be used for design)

**Proposal to Construct Sewage System**

- Class 2 Leaching Pit – (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 next page)**
- Tertiary Treat Unit-BMEC approval & literature (specs for unit) must be submitted with application.** Make/Model \_\_\_\_\_ Flow Rate \_\_\_\_\_ L./day  
 Alarm \_\_\_\_\_ (mech. systems) Raised Height \_\_\_\_\_ metres Stone Area \_\_\_\_\_ m<sup>2</sup>  
 Sand Area \_\_\_\_\_ m<sup>2</sup>
- Class 5 Holding Tank – Requirements: Audio/Visual Alarm & 3” venting**  
 Q x 7 = x7 = \_\_\_\_\_ L Tank Size Proposed \_\_\_\_\_ L

Municipal Approval \_\_\_\_\_ Pump Out Contract \_\_\_\_\_ (approval and contract required prior to submission)

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**On Site Sewage System**

**Form 4 – Proposal to Construct Class 4 Sewage System**

- Septic Tank (Qx2.5 if Residential with Garburator) Use Existing\_\_\_\_\_ New CSA Standard\_\_\_\_\_**

Residential Occupancy **Qx2=\_\_\_\_\_x2=\_\_\_\_\_ litres**

Non-Residential (Commercial) **Qx3=\_\_\_\_\_x3=\_\_\_\_\_ litres**

**Proposed Working Capacity \_\_\_\_\_ litres (min. 3600L)**

- Treatment Unit (specify)\_\_\_\_\_ Operating Capacity\_\_\_\_\_ litres/day**

- Class 4F Filter Bed**

If Q is 3000 litres or less  $Q \div 75 = \quad \div 75 = \quad$  Sq. Metres

If Q is more than 3000 litres  $Q \div 50 = \quad \div 50 = \quad$  Sq. M.  $\div 2$  pods of \_\_\_\_\_ Sq. M.

If Treatment Unit  $Q \div \quad = \quad \div = \quad$  Sq. Metres

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

**Proposal: # of Pods \_\_\_\_\_ Filter Bed Area \_\_\_\_\_m<sup>2</sup> Contact Area \_\_\_\_\_m<sup>2</sup> Raised Height \_\_\_\_\_m**

- Class 4 Trench Bed** Absorption trench (\*  $\div 300$  if treatment unit)

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

$Q \times T \div 200^* = \quad \times \quad \div 200^* = \quad$  m.  $\div$  no. of runs = **m. per run**

- Class 4 Loading Rates – Area requirements (required for all Class 4 sewage systems)**

**Percolation Time of Existing (in-situ)Soils Formula and Calculation of Loading Area Req'd**

If "T" is: 1 < 20.....Use:  $\frac{Q}{10} = \frac{\quad}{10} = \quad$  m<sup>2</sup>

If "T" is: 20 – 35.....Use:  $\frac{Q}{8} = \frac{\quad}{8} = \quad$  m<sup>2</sup>

If "T" is: 35 – 50.....Use:  $\frac{Q}{6} = \frac{\quad}{6} = \quad$  m<sup>2</sup>

If "T" is: > 50.....Use:  $\frac{Q}{4} = \frac{\quad}{4} = \quad$  m<sup>2</sup>

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**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.

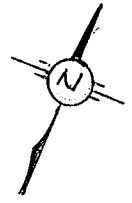
The information set out in this application is accurate and correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_

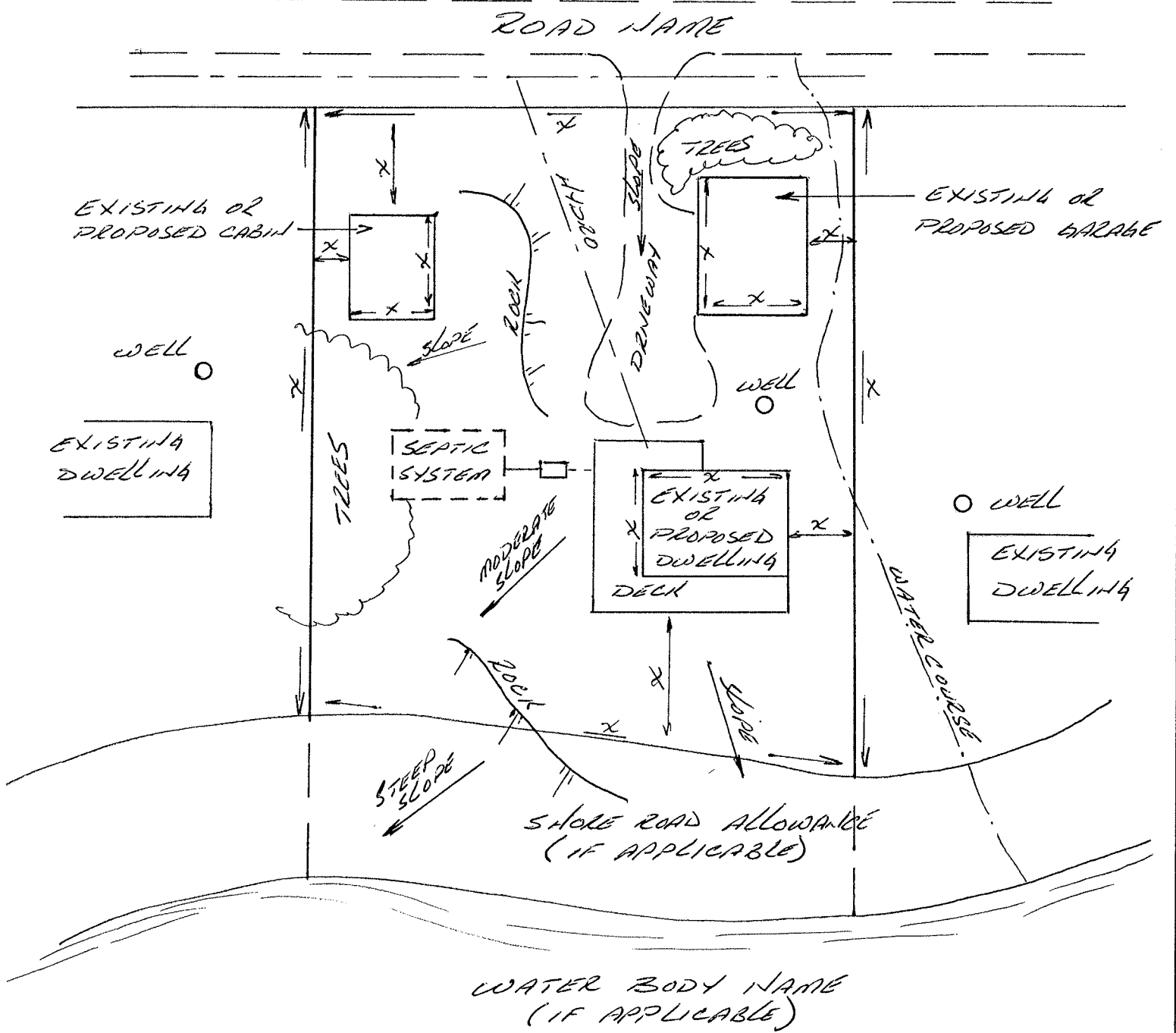


# SAMPLE BUILDING LOCATION PLAN

PART LOT \_\_\_\_\_ CONC \_\_\_\_\_  
WARD \_\_\_\_\_  
911 # \_\_\_\_\_  
TOWNSHIP OF NORTH KAWARTHA



SCALE: 1/4" = 100'



NOTE: EXISTING SPOT ELEVATIONS OR CONTOURS MAY BE REQUIRED FOR PROPERTIES WITH STEEP SLOPES OR ADVERSE CONDITIONS.