


# Application for a Permit to Construct (sections A-I) or Demolish (sections A-E,H,I)

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:		 <b>Township of Drummond/North Elmsley</b>	
A. Project information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (sq ft or sq m)	
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			
<input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner ( <i>letter -see documents to download</i> )			
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 Warranties 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.		<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): _____				
<b>G. Required Schedules (Construction, include Schedule 1)</b>				
i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.				
ii) To construct on-site, install or repair a sewage system contact Leeds Grenville & District Health Unit at 613-283-2740.				
<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.		<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	
<b>I. Declaration of applicant</b>				
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>				

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]**

<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> 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: \_\_\_\_\_

- or** ☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: owner

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 practice, a limited license to practice, 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?			
<input type="checkbox"/> Yes (Continue to Section C) <input type="checkbox"/> No (Continue to Section E) <input type="checkbox"/> 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="text-align: center;">(print name)</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 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>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			

Permit #:

## SEWAGE SYSTEM DESIGN CRITERIA

State # Of:	Bedrooms/Units Sleeping Cabins	People	Floor * Area(m2)	Fixture Units
<b>Proposed</b>				
<b>Existing (if applicable)</b>				
<b>TOTAL</b>				

### Water Supply

- ☐ Proposed ☐ Existing  
☐ Dug or Bored Well  
☐ Drilled Well Casing Depth: \_\_\_\_\_  
☐ Water Treatment Units  
☐ Other: \_\_\_\_\_

### \*Walk-out basement?

- ☐ yes ☐ no

If yes, finished floor area of house includes 50% of floor space of walk-out basement.

**FIXTURE UNIT COUNT** (Please complete the following table:)

Description of Fixtures	Total #	X (multiply)	Fixture Units	Total
Bathroom group (3 or 4 piece bathroom)		X	6	
Water Closet (tank toilet)		X	4	
Each sink		X	1 ½	
Bathtub or shower		X	1 ½	
Dishwasher		X	1	
Clothes washing machine		X	1 ½	
Single or double laundry tub		X	1 ½	
Other		X		
<b>TOTAL</b>				

### Subsurface Soil Condition - To Be completed by Owner/Agent/Designer

Three test locations are required. Depth in meters to bedrock, water table and description of soil type are to be shown for each soil profile.

0.3 -		0.3 -		0.3 -	
0.6 -		0.6 -		0.6 -	
0.9 -		0.9 -		0.9 -	
1.2 -		1.2 -		1.2 -	
1.5 -		1.5 -		1.5 -	

DESIGN PERCOLATION RATE .....min/cm

☐ Native Soil

☐ Imported

The percolation rate shall be determined by either percolation tests (using the highest percolation time from the three tests) or by classifying the soil according to the Unified Soil Classification System.

Leaching Bed Profile	Leaching Bed Design Calculations
<hr/> <b>Water table/Bedrock/Impervious Soil</b>	

<b>Working capacity of septic/holding tank (Litres)</b>	<b>Tertiary Treatment if Applicable</b>	<b>Length of distribution pipe (Metres)</b>

**SITE PLAN**

6. Provide the following information:
- a) Location of sewage system components (eg. tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.
  - b) Lot dimensions, topographic features (e.g. swamps, steep slopes) near system.

A large grid of 30 columns and 30 rows, intended for drawing a site plan. The grid is composed of small squares, with the first row and first column being slightly larger than the others, serving as a header and side margin respectively. The grid is empty, ready for a user to draw and label site components and features.

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**AUTHORIZATION FOR AN APPLICATION FOR A SEWAGE  
SYSTEM PERMIT BY A PERSON OTHER THAN THE  
LEGAL OWNER**

I, \_\_\_\_\_, being the legal owner of the subject property

described as Lot \_\_\_\_\_, Concession \_\_\_\_\_, Sub lot \_\_\_\_\_

Township of \_\_\_\_\_, Ward \_\_\_\_\_

authorize \_\_\_\_\_ whose mailing address and phone

number is \_\_\_\_\_

to apply for a Sewage System Permit and the associated site inspection on my behalf.

\_\_\_\_\_  
Signature of Legal Owner

□ Head Office:  
458 Laurier Blvd  
Brockville, ON  
K6V 7A3  
  
Tel: (613) 345-5685  
Fax: (613) 345-2879



□ 25 Johnston St.  
Smiths Falls, ON  
K7A 0A4  
  
Tel: (613) 283-2740  
Fax: (613) 283-1679

## **TO ALL APPLICANTS FOR SEWAGE SYSTEM / SITE INSPECTIONS**

This information package is intended to help you make a complete application for a Sewage System OR a Site Inspection.

Please read carefully all instructions before you submit your proposal.

1. Complete the requested information on the application and ensure it is signed by the owner or an approved agent. If an agent is acting on your behalf please enclose a signed [letter of authorization](#).

(NOTE: If you are proposing a Class 5 Holding Tank, the application must include a signed "[Pump Out Agreement](#)" with a licensed sewage hauler.)

2. Submit the completed application and the required fee of \$721.00 for a sewage system OR \$798.00 for a Tertiary Sewage System OR \$360.00 for a site inspection to the Leeds, Grenville and Lanark District Health Unit, to either address above or email to: [Protection@healthunit.org](mailto:Protection@healthunit.org)

Payments by cash or cheque will be accepted at all office locations. Brockville and Smiths Falls offices can also accept Debit payments.

Visa or Mastercard payments will be accepted by phone and a 3% service fee will be added: 613-345-5685 ext 2272 or ext 2224.

E-transfer payments can be made to: [DepositsDL@healthunit.org](mailto:DepositsDL@healthunit.org)

3. You are required to call a Public Health Inspector to arrange for an inspection at least **five (5)** business days prior to commencement of your sewage system.
4. Ensure you or your representative is on site at the time of the inspection.
5. If you have any questions please contact your area inspector.

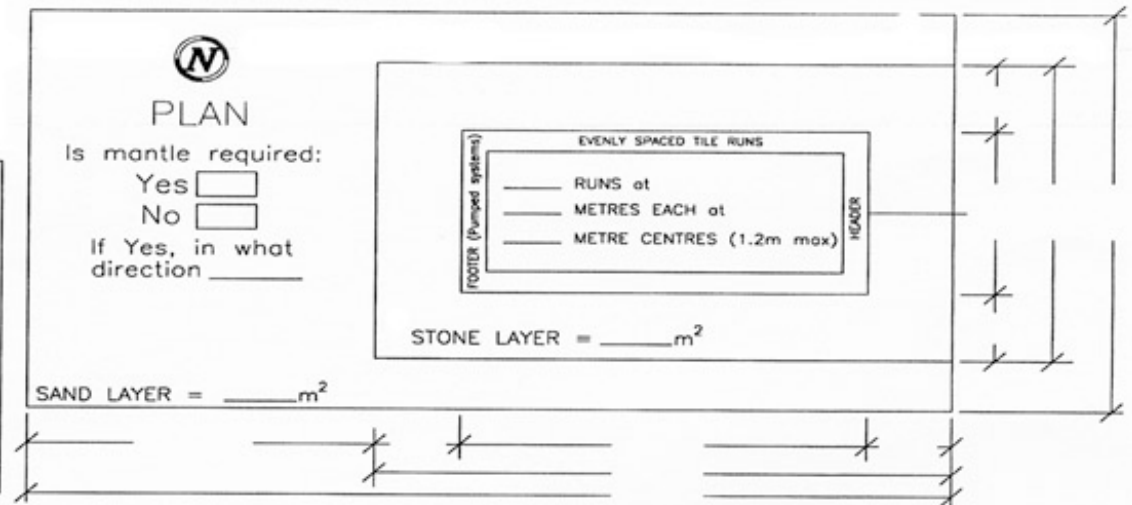
Outlined below are the municipalities we serve.

COUNTY	MUNICIPALITIES	OFFICE
LANARK	All Municipalities <b><u>EXCEPT</u></b> TAY VALLEY (Bathurst, North Burgess and South Sherbrooke)	Smiths Falls
LEEDS AND GRENVILLE	All Municipalities <b><u>EXCEPT</u></b> RIDEAU LAKES TOWNSHIP and WESTPORT	Brockville

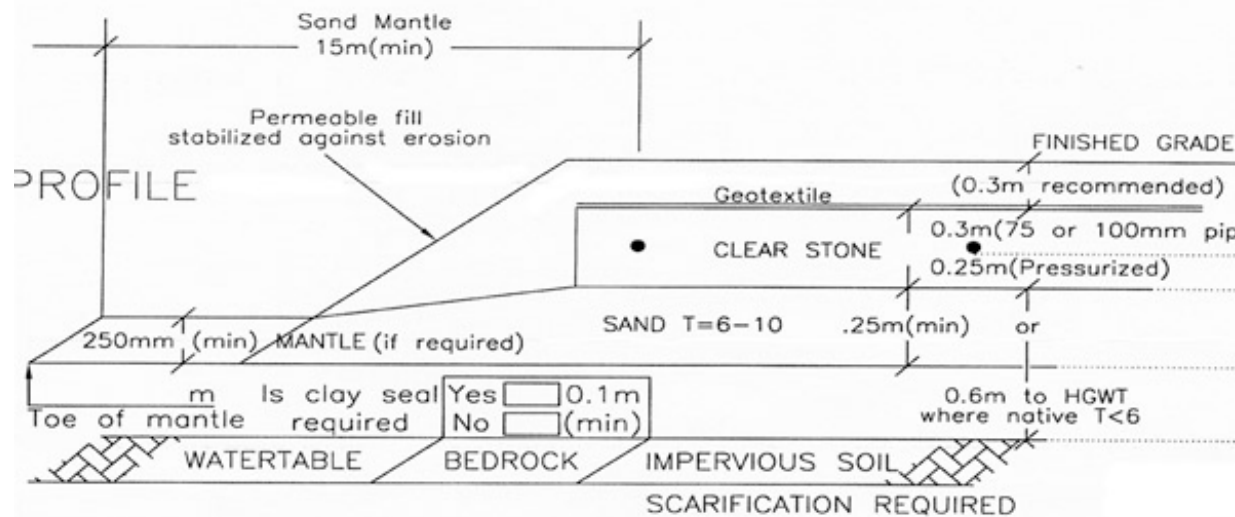


## AREA BED METHOD

Septic Permit # \_\_\_\_\_  
Date \_\_\_\_\_  
Revision \_\_\_\_\_  
Applicant \_\_\_\_\_  
Municipality \_\_\_\_\_  
Scarification required Yes ☐ No ☐  
\_\_\_\_\_  
DATE



NOT TO SCALE

[illegible]



# OPEN BOTTOM BIO-FILTER METHOD

Septic Permit # \_\_\_\_\_  
 Date \_\_\_\_\_  
 Revision \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 Municipality \_\_\_\_\_  
 Scarification required Yes ☐ No ☐  
 \_\_\_\_\_  
 DATE \_\_\_\_\_

NOT TO SCALE

**PLAN**  
 Is mantle required:  
 Yes ☐  
 No ☐  
 If Yes, in what direction \_\_\_\_\_

Bio-Filter Type: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 STONE LAYER = \_\_\_\_\_ m<sup>2</sup>  
 SAND LAYER = \_\_\_\_\_ m<sup>2</sup>

**PROFILE**

Sand Mantle 15m (min)

Geotextile

Bio-Filter Unit

CLEAR STONE 0.2m (min)

SAND T= 6-10 .3m or 0.6m to HGWT where native T<6

250mm (min) MANTLE (if required)

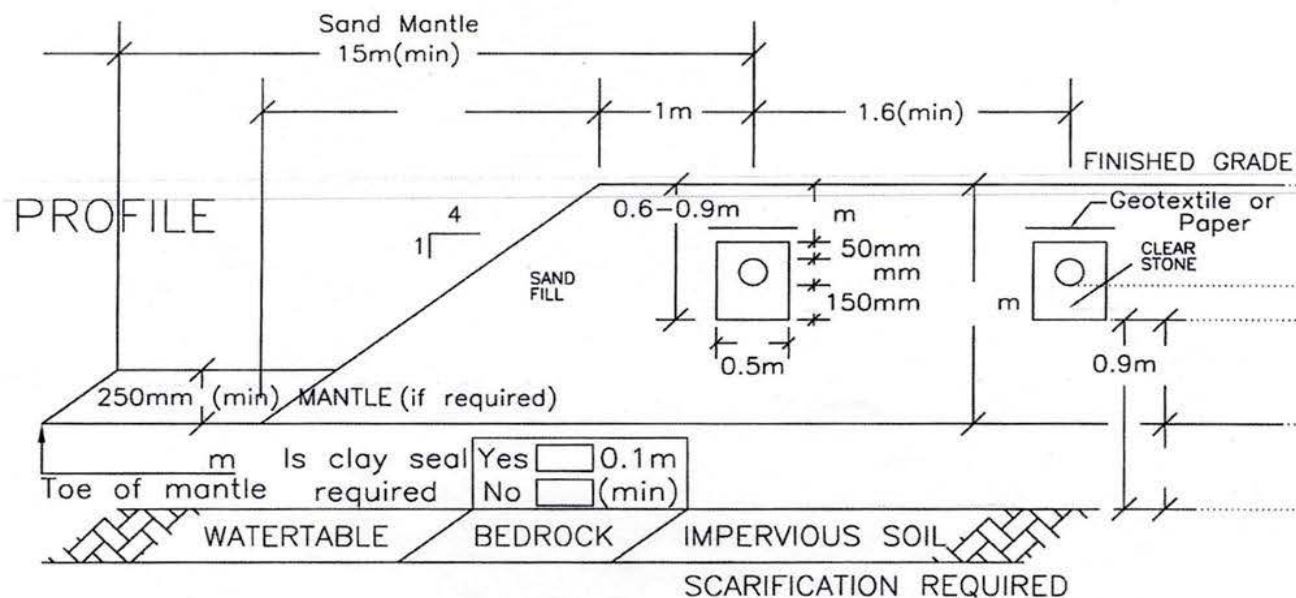
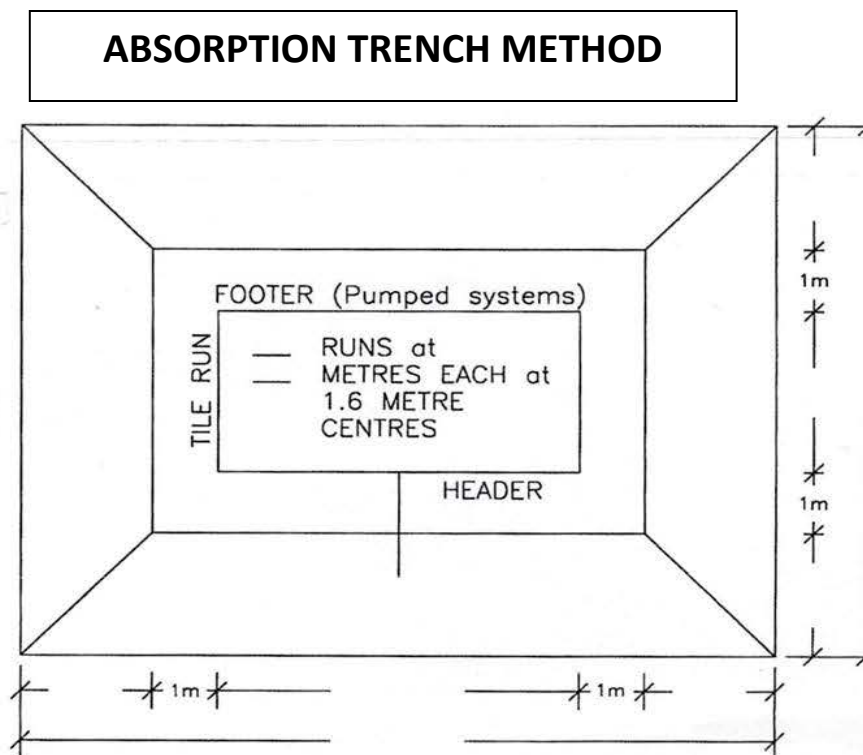
m Is clay seal required Yes ☐ 0.1m No ☐ (min)

Toe of mantle

WATERTABLE BEDROCK IMPERVIOUS SOIL SCARIFICATION REQUIRED

PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSO)	EXISTING GRADE

NOT TO SCALE

[illegible]