

# 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 (YYYY-MM-DD):	Roll number:		
Application submitted to: <span style="float: right;">Public Health Sudbury &amp; Districts</span>			
(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			
<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="radio"/> Owner OR <input type="radio"/> Authorized agent of owner			
Last name:	First name:	Corporation or partnership:	
Street address:		Unit number:	Lot/con.:
Municipality:		Postal code:	Province:
Email:	Telephone:	Fax:	Cell:
D. Owner (if different from applicant)			
Last name:	First name:	Corporation or partnership:	
Street address:		Unit number:	Lot/con.:
Municipality:		Postal code:	Province:
Email:	Telephone:	Fax:	Cell:

<b>E. Builder (optional)</b>			
Last name:		First name:	Corporation or partnership (if applicable):
Street address:		Unit number:	Lot/con.:
Municipality:		Postal code:	Province:
Email:	Telephone:	Fax:	Cell:
<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.		<input type="radio"/> Yes <input type="radio"/> No	
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?		<input type="radio"/> Yes <input type="radio"/> 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.		<input type="radio"/> Yes <input type="radio"/> No  <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No	
iv. The proposed building, construction or demolition will not contravene any applicable law.		<input type="radio"/> Yes <input type="radio"/> 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 (YYYY-MM-DD):		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 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="radio"/> Yes (Continue to Section C) <input type="radio"/> No (Continue to Section E) <input type="radio"/> 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:
Email:	Telephone:	Fax:	Cell:
<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>			
I _____ declare that: <div style="text-align: center; margin-left: 40px;">(print name)</div>			
<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;			
OR			
<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.			
I certify that:			
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.			
_____ Date (YYYY-MM-DD):		_____ Signature of applicant	

# NON-RESIDENTIAL/OTHER OCCUPANCIES SEWAGE APPLICATION



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

Environmental Health Division  
1300 Paris Street, Sudbury, ON P3E 3A3  
Tel: 705.522.9200, ext. 398  
Fax: 705.677.9607  
[OBCEnquiries@phsd.ca](mailto:OBCEnquiries@phsd.ca)

Please Print Clearly	For Office Use Only
<b>Property Description</b>	
District: _____ Municipality: _____ Township: _____	Permit No.: _____
House No./Street/Road: _____ City: _____	Date Received: (YYYY-MM-DD) _____
Lot: _____ Conc: _____ Parcel: _____	Receipt No.: _____
Plan No.: _____ Sublot: _____	Fee Amount: _____
PIN: _____ Other: _____	Method of Payment:
Lot Dimensions:	<input type="checkbox"/> Cash
Frontage (m): _____ Depth (m): _____ Area (m): _____	<input type="checkbox"/> Debit
<b>Is the property or part of the property in a flood plain?</b> <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Cheque
	<input type="checkbox"/> Visa
	<input type="checkbox"/> MasterCard
	<input type="checkbox"/> Money Order

**Water Supply** (Check Type Proposed/Existing)

Municipal   
  Drilled Well   
  Point   
  Dug Well   
 Depth of Well: \_\_\_\_\_ [m]

Other (State): \_\_\_\_\_

**Zoning Approval - Check 1, 2 or 3 below**

**1.**    The property is located in a Township under the jurisdiction of the Sudbury East Planning Board, the Manitoulin Planning Board, or the Ministry of Municipal Affairs & Housing.

Letter of Conformity    Attached   

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**2.**    The property is located in an "Organized Township"    **(Stamp Required)**

To be stamped by local Building Department and/or signed by the Building Inspector.

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**3.**    Located in an "Unorganized Township"

Township not under the jurisdiction of a Planning Board or Ministry of Municipal Affairs & Housing.

No Stamp or Zoning Conformity Required

Site Evaluation		Sub-Surface / Conditions Observed		
Date (YYYY-MM-DD): _____	Time: _____	Rock & GWT	-0-	Soil Type
Name: _____			-0.6-	
Signature: <div style="border: 1px solid black; width: 100%; height: 30px;"></div>			-0.9-	
			-1.2-	
		-1.5-		

**Non-Residential/Other Occupancies**

1. Type of Establishment: \_\_\_\_\_

2. Daily sewage flow calculated using Table 8.2.1.3.B OBC  
**Show calculations eg. 10 Employees x 75 L = 750 L Daily Sewage Flow (DSF)**

**Sewage System to be Constructed in:** a) Existing On-Site Soils  **OR** Imported Fill

b) Percolation Time of Existing Soils (Attach Perc. Test Logs or Grain Size Analysis Report) : T = \_\_\_\_\_ Min/cm

c) Percolation Time of Imported Fill : T = \_\_\_\_\_ Min/cm Name Pit Providing Fill: \_\_\_\_\_

**Proposed to construct:**

**Replace Septic Tank Only** Concrete  Polyethylene  Size (L) \_\_\_\_\_

**Class 4 Leaching Bed**  
 Use Existing Tank  OR New CSA Standard: Concrete  Polyethylene  Size (L) \_\_\_\_\_  
 Total Length of Pipe (m) \_\_\_\_\_ # of Runs of Pipe \_\_\_\_\_ Header  OR Distribution Box   
 Dug into Existing Soil  OR Raised  Method of Detection: \_\_\_\_\_  
 Soil Mantle Required? a) No  b) Yes  (If Yes State Percolation Time of Fill) \_\_\_\_\_ Min/cm  
 Mantle Area (m<sup>2</sup>) \_\_\_\_\_  
 Is a pump required?  Yes  No (If Yes state discharge/Cycle) \_\_\_\_\_ **L**

**Class 4 Filter Bed**  **Proof of approved filter material must be provided**  
 Use Existing Tank  OR New CSA Standard: Concrete  Polyethylene  Size (L) \_\_\_\_\_  
 Filter Bed Area (m<sup>2</sup>) \_\_\_\_\_ Contact Area (m<sup>2</sup>) \_\_\_\_\_  
 Dug into Existing Soil  OR Raised  Method of Detection: \_\_\_\_\_  
 Soil Mantle Required? a) No  b) Yes  (If Yes State Percolation Time of Fill) \_\_\_\_\_ Min/cm  
 Mantle Area (m<sup>2</sup>) \_\_\_\_\_  
 Is a pump required?  Yes  No (If Yes state discharge/Cycle) \_\_\_\_\_ **L**

**Other System**  
 Describe:   
 Is a pump required?  Yes  No (If Yes state discharge/Cycle) \_\_\_\_\_ **L**

**Class 5 (Holding Tank)**  State O.B.C. Exemption: \_\_\_\_\_  
 (Attach Pump-out Contract with Licensed Sewage Hauler)  
 Tank is: Concrete  Polyethylene  Other: \_\_\_\_\_ Size: \_\_\_\_\_ **L**  
 Alarm must be Audio and Visual Describe: \_\_\_\_\_

## Site Plan: (See Appendix D)

**Distances:**

Distribution Pipe to Building(s): (m) \_\_\_\_\_

Septic Tank/Treatment Unit to Building(s): (m) \_\_\_\_\_

Distribution Pipe to Lot Lines: (m) \_\_\_\_\_

Septic Tank/Treatment Unit to Lot Lines: (m) \_\_\_\_\_

Distribution Pipe to Well: (m) \_\_\_\_\_

Septic Tank/Treatment Unit to Well: (m) \_\_\_\_\_

Distribution Pipe to Neighbours' Well: (m) \_\_\_\_\_ / \_\_\_\_\_

Septic Tank/Treatment Unit to Surface Water: (m) \_\_\_\_\_

Distribution Pipe to Surface Water: (m) \_\_\_\_\_

Please indicate distance from distribution pipe to all structures such as a deck, swimming pool, garage, and sheds.

**Note: Please indicate dimensions of bed, length of runs, and distance between pipes.**

Test hole available for inspection?    Yes    No

**If "No", the Owner/Agent/Designer/Contractor is required to call the public health inspector for an appointment.**

**Prior to construction, arrange for an inspector to inspect the proposed site and approve the sewage system proposal.**

**Directions to Property**

**(Show Highways, Roads, Signs, Landmarks, etc. to Follow)**

Extraordinary travel costs by air, water, etc. are to be incurred by the applicant.



**Side View/Cross Section Diagram Required**

Insert Diagram



## Agent Authorization

I, the owner hereby authorize: (Print Agent's Name) \_\_\_\_\_

to act as the official agent respecting the attached application for a permit under Part 8 of the Ontario Building Code.

- Public Health Sudbury & Districts is hereby authorized to release any permits, documents, or information respecting the subject property to the said agent.
- I understand that it will be the owner/agent and contractor that share responsibility for ensuring that all work is carried out in accordance with this Permit, the *Building Code Act* and Public Health Sudbury & Districts' By-laws.

\_\_\_\_\_  
Owner(s) Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

Note:

- The public health inspector will return all applications that are incomplete or unsigned.
- This application cannot be altered and must be completed in full - Additional information or revised calculations/diagrams may be submitted on separate work sheets.
- This application does not constitute a permit.
- No work shall commence until a permit has been issued.

### Public Health Sudbury & Districts Use Only

Proposal Meets Ontario Building Code Requirements:     Yes     No

Comments:

\_\_\_\_\_  
Sewage System Inspector's Signature

\_\_\_\_\_  
Date (YYYY-MM-DD)

Sewage System  
Inspector's Notes:

To meet public health requirements, any personal information on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990; Smoke Free Ontario Act, S.O. 2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Healthy Menu Choices Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. Questions about this collection should be directed to the Program Manager at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury, ON P3E 3A3, 705.522.9200, ext. 398.*

**O: June 2002  
R: March 2019**