

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: <u>Public Health Sudbury & Districts</u> (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="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:

E. Builder (Optional)			
Last name:	First name:	Corporation or partnership (if applicable):	
Street address:		Unit number:	Lot/con.:
Municipality:		Postal code:	Province:
Email:	Telephone:	Fax:	Cell:
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="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):			
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 sewage system.			
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). 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	
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 (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 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 number:	Lot/con.:	
Municipality:		Postal code:	
Plan number/other description:			
B. Individual who reviews and takes responsibility for design activities			
Name:		Firm:	
Street address:		Unit number:	Lot/con.:
Municipality:		Postal code:	Province:
Email:		Telephone:	Fax:
Cell:			
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			
<p>I _____ declare that (choose one as appropriate):</p> <p style="margin-left: 40px;">(print name)</p> <p>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.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Firm BCIN: _____</p> <p>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.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="margin-left: 40px;">Basis for exemption from registration and qualification: _____</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. I have submitted this application with the knowledge and consent of the firm. <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Date (YYYY-MM-DD):</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Signature of designer</p>			

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?			
<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)			
C. Registered installer information (where answer to B is "Yes")			
Name:		BCIN:	
Street address:		Unit number:	Lot/con.:
Municipality:	Postal code:		Province:
Email:	Telephone:	Fax:	Cell:
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			
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: <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. 			
_____ Date (YYYY-MM-DD):		_____ Signature of applicant	

RESIDENTIAL SEWAGE APPLICATION

Health Protection Division
 1300 Paris Street, Sudbury, ON P3E 3A3
 Tel: 705.522.9200, ext. 398
 Fax: 705.677.9607
OBCEnquiries@phsd.ca



Public Health
Santé publique
 SUDBURY & DISTRICTS

Please print clearly	For office use only
<p>Property description</p> <p>District: _____ Municipality: _____ Township: _____</p> <p>House No./Street/Road: _____ City: _____</p> <p>Lot: _____ Conc: _____ Parcel: _____</p> <p>Plan No.: _____ Sublot: _____</p> <p>PIN: _____ Other: _____</p> <p>Lot dimensions:</p> <p>Frontage (m): _____ Depth (m): _____ Area (m): _____</p> <p>Is the property or part of the property in a flood plain? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Permit No.: _____</p> <p>Date received: (YYYY-MM-DD) _____</p> <p>Receipt No.: _____</p> <p>Fee amount: _____</p> <p>Method of payment:</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Debit</p> <p><input type="checkbox"/> Cheque</p> <p><input type="checkbox"/> Visa</p> <p><input type="checkbox"/> MasterCard</p> <p><input type="checkbox"/> Money order</p>

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

<p><input type="checkbox"/> 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.</p> <p>Letter of conformity Attached <input type="checkbox"/></p>	
<p><input type="checkbox"/> 2. The property is located in an "Organized Township"</p> <p>To be stamped by local Building Department and/or signed by the Building Inspector.</p>	<p>(Stamp required)</p> <p>(Building official to stamp according to Municipality/Township)</p>
<p><input type="checkbox"/> 3. Located in an "Unorganized Township"</p> <p>Township not under the jurisdiction of a Planning Board or Ministry of Municipal Affairs & Housing.</p>	<p>No Stamp or Zoning Conformity Required</p>

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: 150px; height: 40px; display: inline-block;"></div>			-0.9-	
			-1.2-	
		-1.5-		

Plumbing Complete the following table				
Description	Total # x	Fixture units	=	Total fixture units
Example only: Potato peeler	2	3	=	6
Bathroom group (1 water closet, 1 hand basin, and 1 bathtub/shower)			=	
Water closets (Flush tank toilet)			=	
Each sink or wash basin			=	
Bathtub and/or shower			=	
Dishwasher			=	
Clothes washing machine			=	
Single or double laundry tub			=	
Other: _____			=	
Other: _____			=	
Total fixture units:			=	

Single family residence

1. Number of bedrooms: _____
2. Total floor area: _____ m²
3. Total fixture units: _____
4. **Daily sewage flow:** _____

Calculation of total **daily sewage flow (DSF)** see page 9 in information package.

OR

Multiple-family dwelling

1. Number units/apartments: _____
2. Number of units with floor area greater than 200 m²: _____
3. Number of units with total fixture units greater than 20: _____
4. Number bedrooms per unit: _____
(e.g. 3-2 bedroom 2-1 bedroom)

Daily sewage flow: _____

Calculation of daily sewage:

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 of pit providing fill: _____

Proposed to construct:

Replace septic tank only Concrete Polyethylene Size (L) _____

Class 4 leaching bed

Use existing septic tank **OR** New CSA standard: Concrete Polyethylene Size (L) _____

Total length of pipe (m) _____ Number of runs of pipe _____ Header **OR** Distribution box

Dug into existing soil **OR** Raised Method of detection: _____

Soil mantle required? No Yes If yes, state percolation time of mantle _____ Min/cm Mantle area (m²) _____

Is a pump required? No Yes If yes, state (L) to be discharge to the tile bed _____

Class 4 filter bed: Proof of approved filter material must be provided

Use existing septic tank **OR** New CSA standard: Concrete Polyethylene Size (L) _____

Filter bed area (m²) _____ Contact area (m²) _____

Dug into existing soil **OR** Raised Method of detection: _____

Soil mantle required? No Yes If yes, state percolation time of mantle _____ Min/cm Mantle area (m²) _____

Is a pump required? No Yes If yes, state (L) to be discharge to the tile bed _____

Class 4 type A dispersal bed: Proof of approved sand material must be provided

Use existing septic tank **OR** New CSA standard: Concrete Polyethylene Size (L) _____

Stone layer area (m²) _____ Sand layer area (m²) _____

Manufacturer's name and model _____

Is a pump required? No Yes If yes, state (L) to be discharge to the tile bed _____

Other system BMEC included

Describe:

Is a pump required? No Yes If yes, state (L) to be discharge to the tile bed _____

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: _____

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.

Site plan: See appendix D

Distances:

Distribution pipe to building(s): (m²) _____

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.

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: February 2022