

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:		Application number:		
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	Email	
Telephone number	Fax number		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	Email	
Telephone number	Fax number		Cell number	

E. Builder (optional)				
Last name		First name	Corporation or partnership	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province:	Email	
Telephone number	Fax number		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 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).			<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 (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 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: _____ 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 (YYYY-MM-DD)			_____ Signature of applicant		

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?			
<div style="display: flex; justify-content: space-between;"> <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) </div>			
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	Email
Telephone number	Fax number		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="text-align: center;">(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. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%; text-align: center;"> _____ Date (YYYY-MM-DD) </div> <div style="width: 40%; text-align: center;"> _____ Signature of applicant </div> </div>			

CLASS 2/GREY WATER PIT APPLICATION



Public Health
Santé publique
SUDBURY & DISTRICTS

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

Please Print Clearly		For Office Use Only
Property Description District: _____ Municipality: _____ Township: _____ House No./Street/Road: _____ City: _____ Lot: _____ Conc: _____ Parcel: _____ Plan No.: _____ Sublot: _____ PIN: _____ Other: _____ Lot Dimensions: Frontage (m): _____ Depth (m): _____ Area (m): _____ Is the property or part of the property in a flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permit No.: _____ Date Received (YYYY-MM-DD): _____ Receipt No.: _____ Fee Amount: _____ Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order
Water Supply (Check Type Proposed/Existing) <input type="checkbox"/> Municipal <input type="checkbox"/> Drilled Well <input type="checkbox"/> Point <input type="checkbox"/> Dug Well Depth of Well : _____ [m] Other (State): _____		
Zoning Approval - Check 1, 2 or 3 below <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. Letter of Conformity Attached <input type="checkbox"/>		
<input type="checkbox"/> 2. The property is located in an "Organized Township" To be stamped by local Building Department and/or signed by the Building Inspector.		(Building Official to Stamp according to Municipality/Township)
<input type="checkbox"/> 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: _____			-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
Each Sink or Wash Basin			=	
Bathtub and/or Shower			=	
Other: _____			=	
Other: _____			=	
Total Fixture Units			=	

Construction Details of Class 2/Grey Water Pit		Note to screen reader users: all instances of m ² should be interpreted as m squared.	
Total number of fixture units with pressurized water: _____	x 200 L = _____	Daily Sewage Flow (DSF)	
Total number of fixture units with non-pressurized water: _____	x 125 L = _____	Daily Sewage Flow (DSF)	
NOTE: Maximum Daily Sewage Flow is 1000 L			
Percolation Time of Native Soils: T = _____ Min/cm		(Attach percolation test logs or grain size analysis report.)	
Minimum Size of Sidewalls (Calculate by using formula) _____		= _____ m ²	
400			
Actual size of Leaching Pit: Width _____ m / Length _____ m / Depth _____ m = _____ m ²			
Wall Structure: <input type="checkbox"/> Concrete Blocks <input type="checkbox"/> Rocks <input type="checkbox"/> Other: _____			
Note: If the native soil has a percolation rate of greater than 50 min/cm, then the pit shall be lined on all sides and the bottom with a minimum of 600mm of soil that has a percolation time of less than 50 minutes.			
Type of Class 1 Sewage System to be used: _____			

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 (attach additional diagrams as required)

Distances:

Pit to Lot Line: _____

Pit to Well: _____

Pit to Surface Water: _____

Insert Diagram

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.