

# 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: Public Health Sudbury & Districts (Name of municipality, upper-tier municipality, board of health or conservation authority)				
<b>A. Project Information</b>				
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>B. Purpose of application</b>				
<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:				
<b>C. Applicant</b>				
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:
<b>D. Owner (if different from applicant)</b>				
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.

A. Project Information			
Building number, street name:		Unit number:	Lot/con.:
Municipality:			Postal code:
Plan number/other description:			

Name:		Firm:	
Street address:		Unit number:	Lot/con.:
Municipality:	Postal code:		Province:
Email:	Telephone:	Fax:	Cell:

<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

#### D. Declaration of Designer

Signature of Designer

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## 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;">(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;				
<u>OR</u> <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"> <li>The information contained in this schedule is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>				
_____ Date (YYYY-MM-DD):		_____ Signature of applicant		



Health Protection 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: _____ House No./Street/Road: _____ City: _____ Lot: _____ Conc: _____ Parcel: _____ Plan No.: _____ Sublot: _____ PIN: _____ Other: _____ Lot Dimensions: Frontage (m): _____ Depth (m): _____ Area (m): _____ <b>Is the property or part of the property in a flood plain?</b> <input type="radio"/> Yes <input type="radio"/> 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)**

☐ 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** ☐

☐ **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)

☐ **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: 380px; height: 60px; display: flex; align-items: center; justify-content: center;"> </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
Each Sink or Wash Basin		1.5	=	
Bathtub and/or Shower		1.5	=	
Other _____			=	
Other _____			=	
Total Fixture Units			=	

Construction Details of Class 2/Grey Water Pit

Note to screen reader users: all instances of m<sup>2</sup> 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)

$\frac{T \times DSF}{400} = \text{_____ m}^2$

Actual size of Leaching Pit: Width \_\_\_\_\_ m / Length \_\_\_\_\_ m / Depth \_\_\_\_\_ m = \_\_\_\_\_ m<sup>2</sup>

Wall Structure:

☐ Concrete Blocks    ☐ Rocks    ☐ 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: \_\_\_\_\_

<b>Directions to Property</b> (show Highways, Roads, Signs, Landmarks, etc. to follow) Extraordinary travel costs by air, water, etc. are to be incurred by the applicant.

<b>Site Plan</b> (attach additional diagrams as required)
<b>Distances:</b> Pit to Lot Line: _____ Pit to Well: _____ Pit to Surface Water: _____
Insert Diagram
Test Hole available for inspection? <input type="radio"/> Yes <input type="radio"/> No If "No", the Owner/Agent/Designer/Contractor is required to call the public health inspector for an appointment.

<b>Side View/Cross Section Diagram Required</b>
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.*