

□ Head Office:
458 Laurier Blvd
Brockville, Ont
K6V 7A3

Tel: (613) 345-5685
Fax: (613) 345-2879



□ 52 Abbott Street N,
Unit 2
Smiths Falls, Ont
K7A 1W3

Tel: (613) 283-2740
Fax: (613) 283-1679

TO ALL APPLICANTS FOR SEWAGE SYSTEM / SITE INSPECTION

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 \$450.00 (no G.S.T.) for a sewage system OR *\$150* (G.S.T. Included) for a site inspection to the Leeds, Grenville and Lanark District Health Unit.
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 are on site at the time of the inspection.
6. If you have any questions please contact your area inspector.

Outlined below are the municipalities we serve.

COUNTY	MUNICIPALITIES	OFFICE
LANARK	All Municipalities <u>EXCEPT</u> BATHURST, NORTH BURGESS AND SOUTH SHERBROOKE	Smiths Falls
LEEDS AND GRENVILLE	All Municipalities <u>EXCEPT</u> RIDEAU LAKES TWP.	Brockville

**Leeds, Grenville
and Lanark District
Health Unit**

Amount of Fee Pd: _____ Cheque # _____
 Receipt No.: _____ Date: _____

- Sewage Application
 Site Inspection Application

Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

For use by Principal Authority (shaded areas only)	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: **LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT**

A. Project Information					
Building number, street name			Unit number	Lot	Con.
Municipality	Ward :	Postal code	Plan number	Sublot or Part lot #:	
Project value est. \$		Area of work (m ²)			
B. 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		
Town/City		Postal code	Province	E-mail	
Telephone number ()		Fax ()	Cell number ()		
C. Owner (if different from applicant)					
Last name		First name	Corporation or partnership		
Street address			Unit number		
Town/City		Postal code	Province	E-mail	
Telephone number ()		Fax ()	Cell number ()		
D. Builder (optional)					
Last name		First name	Corporation or partnership (if applicable)		
Street address			Unit number		
Town/City		Postal code	Province	E-mail	
Telephone number ()		Fax ()	Cell number ()		
E. 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					

F. Taylor Warrant Corporation (Ontario New Home Warranty Program)

- i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G. Yes No
- ii. Is registration required under the *Ontario New Home Warranties Plan Act*? Yes No
- iii. If yes to (ii) provide registration number(s): _____

G. Attachments

- i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

H. Declaration of applicant

I _____ (print name) _____ certify that:

- 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. I have authority to bind the corporation or partnership (if applicable).

_____ Date _____ 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.

DIRECTIONS TO YOUR LOT:

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

I. Project Information					
Building number, street name				Unit no.	Lot/con.
Municipality	Ward	Postal code	Plan number/ other description		
J. Individual who reviews and takes responsibility for design activities					
Name			Firm		
Street address				Unit no.	Lot/con.
Municipality	Ward	Postal code	Province	E-mail	
Telephone number () ()		Fax number () ()		Cell number () ()	
K. Design activities undertaken by individual identified in Section B. [Building Code Table 2.20.2.1]					
<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					
L. Declaration of Designer					
I _____ declare that (choose one as appropriate):					
(print name)					
<input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories. Individual BCIN: _____ Firm BCIN: _____					
<input type="checkbox"/> I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. of the Building Code. Individual BCIN: _____ Basis for exemption from registration: _____					
<input type="checkbox"/> 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 authority to bind the corporation or partnership (if applicable).					
Date			Signature of Designer		

*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

Schedule 2: Sewage System Installer Information

A. 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 2.18.1.1?			
<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)
C. Registered installer information (where answer to B is 'Yes')			
Name		BCIN	
Street address		Unit number	Lot/con.
Town/City	Postal code	Province	E-mail
Telephone number ()	Fax ()	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			
I _____ declare that:			
(print name)			
<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. I have authority to bind the corporation or partnership (if applicable).			
_____		_____	
Date		Signature of applicant	

SEWAGE SYSTEM DESIGN CRITERIA

Permit #:

1.

State # of:	Bedrooms/Units/ Sleeping Cabins	People	Floor Area m ²	Fixture Units
Proposed				
Existing (If Applicable)				

2.

Water Supply: Proposed or Existing

Dug or bored well Drilled Well

Casing Depth _____ Water Treatment Units

Other: _____

FIXTURE UNIT COUNT

3. 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	
Bathub or shower		X	1 ½	
Dishwasher		X	½	
Clothes washing machine		X	1 ½	
Single or double laundry tub		X	1 ½	
Other		X		
TOTAL				

4. **Subsurface Soil Condition - To Be completed by Owner/Agent/Designer**

Three test locations are required. Depth in metres to bedrock, watertable 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.

5.

Leaching Bed Profile	Leaching Bed Design Calculations
Water Table/Bedrock/Impervious Soil	

Working capacity of septic/holding tank	Tertiary Treatment if Applicable	Length of distribution pipe
Litres		Metres

□ Head Office:
458 Laurier Blvd
Brockville, On
K6V 7A3

Tel: (613) 345-5685
Fax: (613) 345-2879



□ 52 Abbott Street N,
Unit 2
Smiths Falls, On
K7A 1W3

Tel: (613) 283-2740
Fax: (613) 283-1679

**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 _____,
Sublot _____, Township of _____, Ward _____
authorize _____ whose mailing address and phone number is

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

Signature of Legal Owner

Declaration Of Applicant For Building Permit
Regarding The Ontario New Home Warranties Plan Act

1. EVERY APPLICANT MUST COMPLETE BOX A.

PLEASE PRINT.

A	
Property Description:	
Lot(s): _____	Permit #: _____
<small>(To be completed by Building Dept.)</small>	
Plan/Concession(s): _____	
Municipal Address(s): _____	
Municipality: _____	

2. COMPLETE BOX B OR C, WHICHEVER IS APPLICABLE

B	
Where applicant is building to sell ("vendor"/"builder") or contracting as a "builder"	
Ontario New Home Warranty Program Reference No.: _____	
Registration Expiry Date: _____	
Enrolment No.(s) (if available): _____	
Position: _____	
<small>(If the applicant is a corporation, print position of the representative signing.)</small>	
DECLARATION:	
I, _____ (vendor/builder representative) have read and understood the provisions of Section 8(2) of the Ontario Building Code Act, as well as the relevant provisions of the Ontario New Home Warranties Plan Act, on the reverse side of this statement. I declare the above information to be true and correct.	
Signature of the Vendor/Builder Representative (If the applicant is a corporation, I declare I have the authority to bind the corporation.)	Date

C	
(SEE IMPORTANT INFORMATION ON REVERSE SIDE)	
Where applicant is building to occupy (owner) <u>and</u> is acting as the general contractor	
DECLARATION:	
I, _____ (applicant) have read and understood the provisions of Section 8(2) of the Ontario Building Code Act, as well as the relevant provisions of the Ontario New Home Warranties Plan Act, on the reverse side of this statement. I declare that I am not acting as a "vendor" or "builder", nor am I contracting with a "builder" to construct this "home". I understand this home is not eligible for enrolment or coverage under the Ontario New Home Warranties Plan Act.	
Signature of the Applicant	Date
Current Address	Current Telephone

Please forward to your Regional Office of the Ontario New Home Warranty Program.