



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 subsection 8(1.1) of the Building Code Act.

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
Municipality or Township		Postal code	Plan number	Sublot or Part Lot #:
Project value est. \$		Area of work (m <sup>2</sup> )		
B. Applicant				
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner				
Last name		First name	Corporation or partnership	
Street/Mailing 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	
Mailing 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				

<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="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): _____		
<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="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
<b>I. Declaration of applicant</b>		
I _____ certify 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	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.

<b>Directions to your lot:</b>

## Schedule 1: Designer Information

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

<b>A. Project Information</b>			
Building number, street name		Unit no.	Lot/con.
Municipality/Township	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name		Firm	
Street address		Unit no.	Lot/con.
Town/City	Postal code	Province	E-mail
Telephone number (     )	Fax number (     )	Cell number (     )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
<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			
<b>D. Declaration of Designer</b>			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p><input type="checkbox"/> 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="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Firm BCIN: _____</p> <p><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 3.2.5. Division C, of the Building Code.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="padding-left: 40px;">Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;">Date</div> <div style="width: 65%; border-top: 1px solid black; text-align: center;">Signature of Designer</div> </div>			

**NOTE:**

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d). 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 authorization, 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

<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="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)			
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (     )	Fax (     )	Cell number (     )	
<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>			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p><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;</p> <p><u>OR</u></p> <p><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.</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Signature of applicant</div> </div>			

## SEWAGE SYSTEM DESIGN CRITERIA

1. State # of:	Bedrooms/Units/ Sleeping Cabins	People	Floor Area m <sup>2</sup>	Fixture Units
Proposed				
Existing (If Applicable)				
<b>Total</b>				

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	
Bathtub or Shower		X	1 ½	
Dishwasher		X	1	
Clothes Washing Machine		X	1 ½	
Single or Double Laundry Tub		X	1 ½	
Other		X		
<b>TOTAL</b>				

### 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 -  
0.6 -  
0.9 -  
1.2 -  
1.5 -

0.3 -  
0.6 -  
0.9 -  
1.2 -  
1.5 -

0.3 -  
0.6 -  
0.9 -  
1.2 -  
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
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Water Table/Bedrock/Impervious Soil	

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



6. Provide the following information:

- Location of sewage system components (eg. tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.
- Lot dimensions, topographic features (e.g. swamps, steep slopes) near system.

[illegible]

458 Laurier Blvd.  
Brockville, ON  
K6V 7A3  
Telephone: 613-345-5685  
Fax: 613-345-7148



25 Johnston St.  
Smiths Falls, ON  
K7A 0A4  
Telephone: 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 \_\_\_\_\_,  
Sub lot \_\_\_\_\_, Township of \_\_\_\_\_,  
Ward \_\_\_\_\_, authorize \_\_\_\_\_  
whose mailing address and phone number is \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Legal Owner

Personal information contained on this form is collected under the authority of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions concerning the collection of this information should be directed to the Director of the Community Health Protection Department of the Leeds, Grenville and Lanark District Health Unit, 458 Laurier Blvd., Brockville ON K6V 7A3, 613-345-5685.

R:LC 03/2015 – 317

458 Laurier Blvd.  
Brockville, ON  
K6V 7A3  
Telephone: 613-345-5685  
Fax: 613-345-7148



25 Johnston St.  
Smiths Falls, ON  
K7A 0A4  
Telephone: 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 \$650.00 for a sewage system OR \$350.00 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 is on site at the time of the inspection.
5. If you have any questions please contact your area inspector.

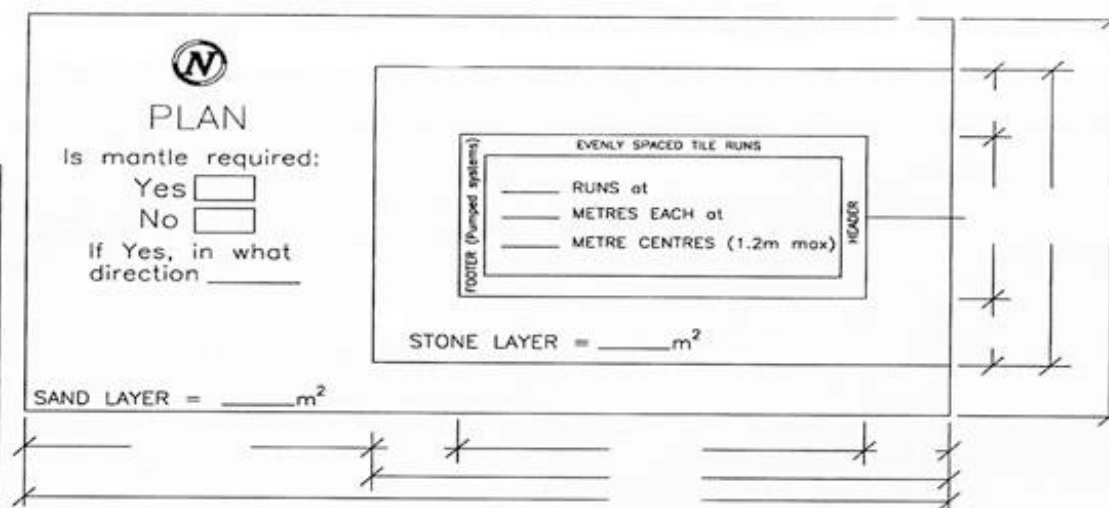
Outlined below are the municipalities we serve.

COUNTY	MUNICIPALITIES	OFFICE
LANARK	All Municipalities <u>EXCEPT</u> TAY VALLEY (Bathurst, North Burgess and South Sherbrooke)	Smiths Falls
LEEDS AND GRENVILLE	All Municipalities <u>EXCEPT</u> RIDEAU LAKES TOWNSHIP and WESTPORT	Brockville

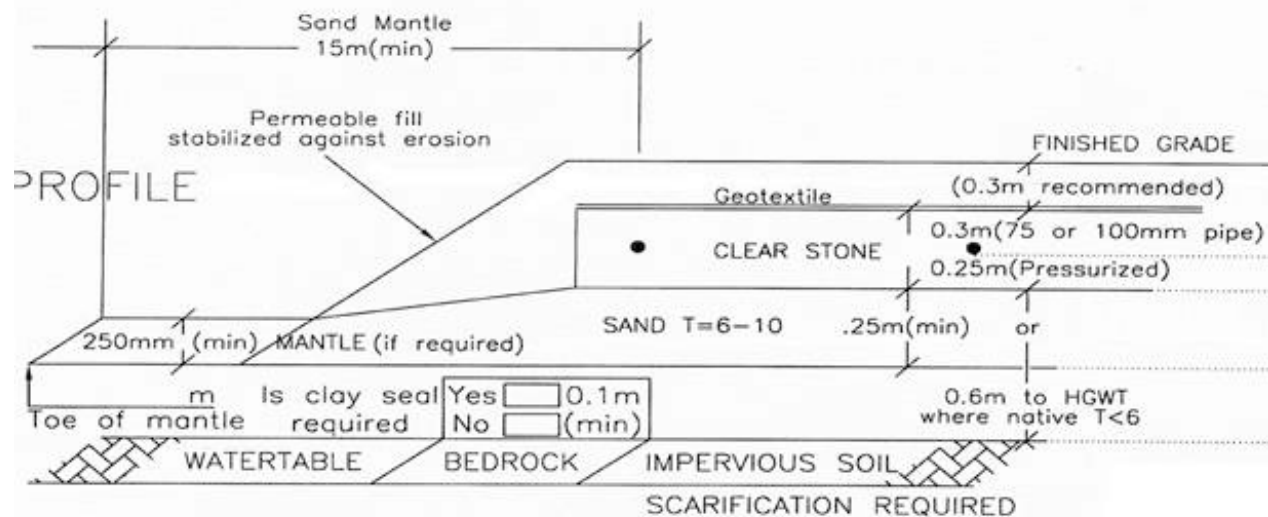


## AREA BED METHOD

Septic Permit # \_\_\_\_\_  
 Date \_\_\_\_\_  
 Revision \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 Municipality \_\_\_\_\_  
 Scarification required Yes ☐ No ☐  
 \_\_\_\_\_  
 DATE \_\_\_\_\_



NOT TO SCALE



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE

Septic Permit # \_\_\_\_\_  
 Date \_\_\_\_\_  
 Revision \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 Municipality \_\_\_\_\_  
 Scarification required Yes ☐ No ☐

DATE \_\_\_\_\_



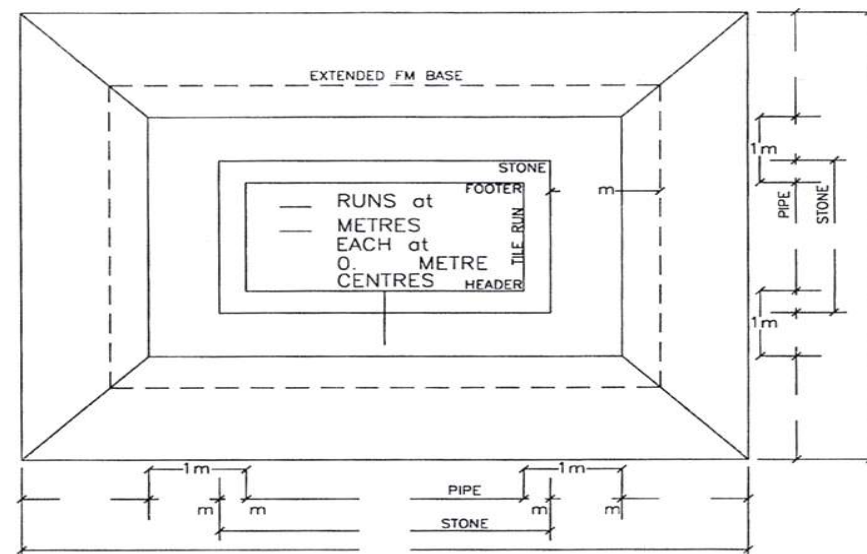
### PLAN

Is mantle required:

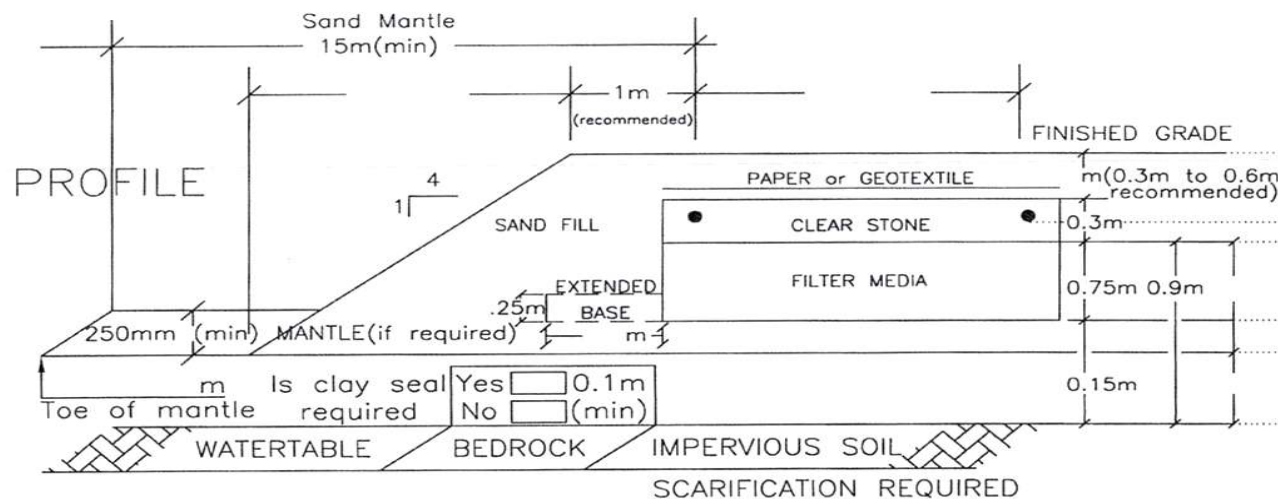
Yes ☐

No ☐

If Yes, in what direction \_\_\_\_\_



NOT TO SCALE



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE

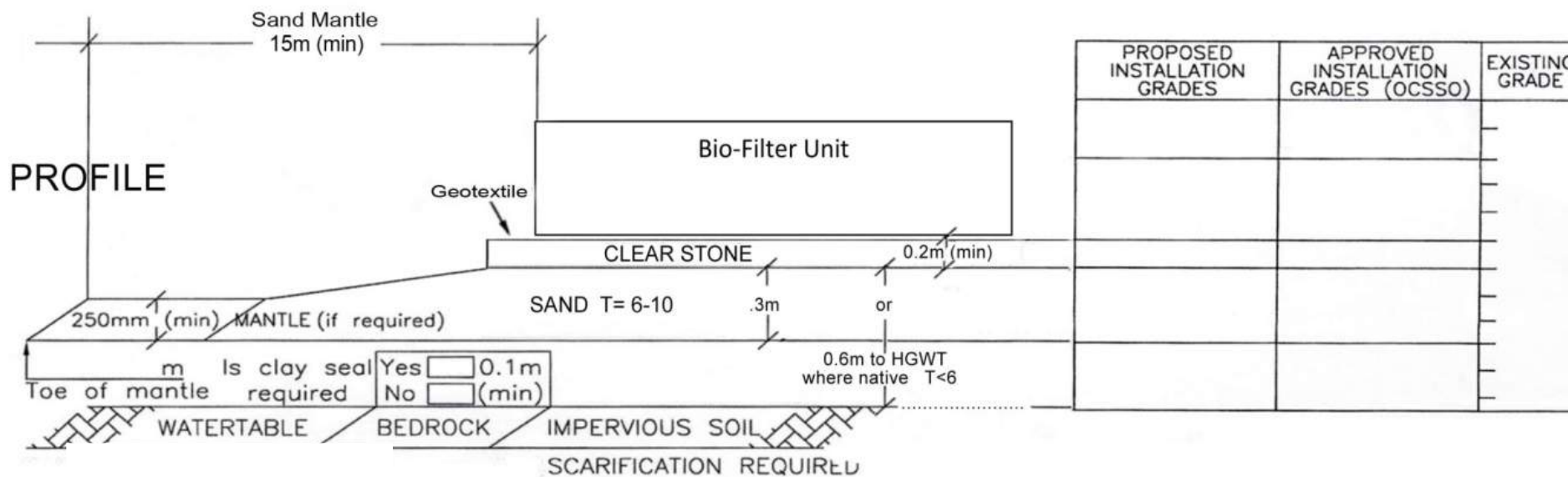
## OPEN BOTTOM BIO-FILTER METHOD

Septic Permit # \_\_\_\_\_  
 Date \_\_\_\_\_  
 Revision \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 Municipality \_\_\_\_\_  
 Scarification required Yes ☐ No ☐  
 \_\_\_\_\_  
 DATE \_\_\_\_\_

NOT TO SCALE

**PLAN**  
 Is mantle required:  
 Yes ☐  
 No ☐  
 If Yes, in what direction \_\_\_\_\_

Bio-Filter Type: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 STONE LAYER = \_\_\_\_\_ m<sup>2</sup>  
 SAND LAYER = \_\_\_\_\_ m<sup>2</sup>





Septic Permit # \_\_\_\_\_  
Date \_\_\_\_\_  
Revision \_\_\_\_\_  
Applicant \_\_\_\_\_  
Municipality \_\_\_\_\_  
Scarification required Yes ☐ No ☐  
\_\_\_\_\_  
DATE

NOT TO SCALE



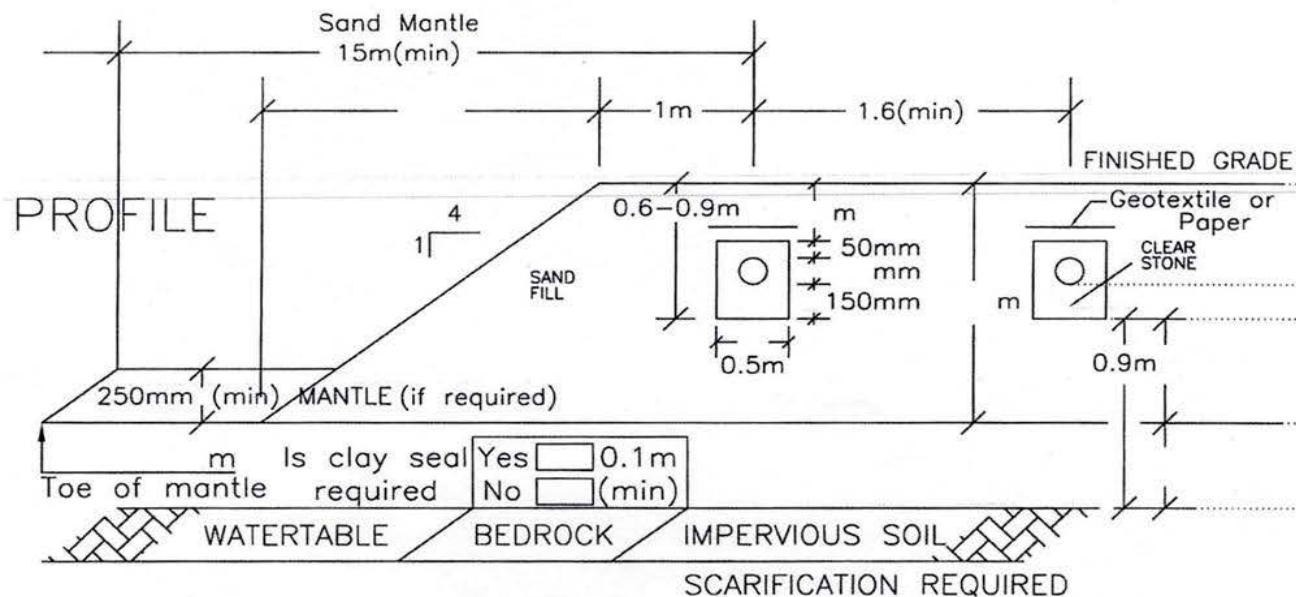
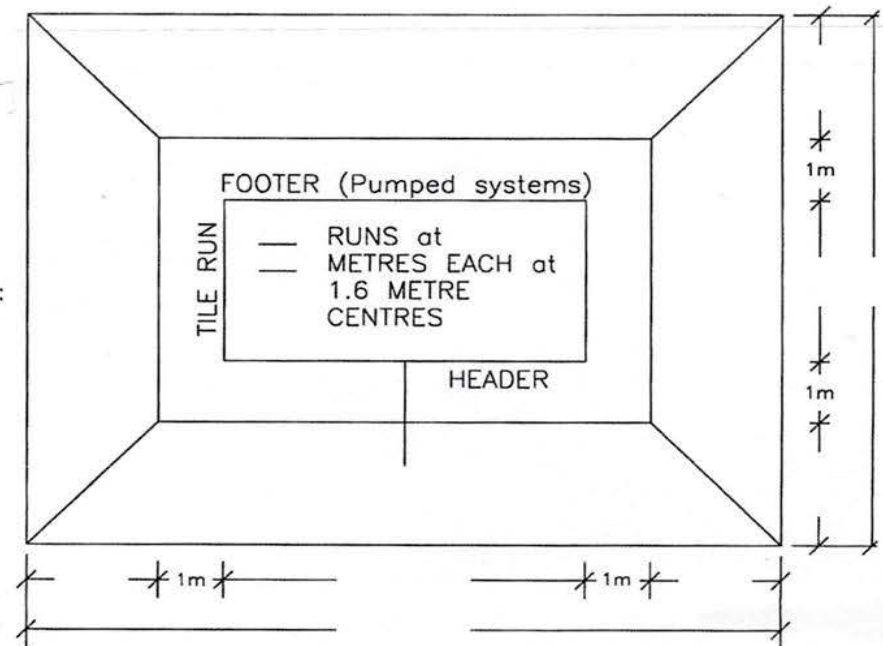
## PLAN

Is mantle required:

Yes ☐No ☐

If Yes, in what direction \_\_\_\_\_

## ABSORPTION TRENCH METHOD

[illegible]