



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

Application number:	Permit number (if different):
Date received:	

Application submitted to: **Township of Huron-Kinloss**, 21 Queen Street, Ripley, Ontario, N0G 2R0

A. Project information

Building number, street name, civic address		Plan number	Lot/con.
Municipality Township of Huron-Kinloss	Postal code	Assessment Roll Number	
Project value est. \$	Area of work (m ²)		

B. Purpose of Application

New Construction
 Addition to an Existing building
 Alteration/Repair
 Demolition
 Conditional Permit

Proposed Use of Building	Current Use of Building
Description of Proposed Work	

C. Applicant is: Owner or Authorized agent of owner

Last name	First name	Corporation or Partnership	
Street address		Unit number	Lot/Con.
City/Town/Village	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/Con.
City/Town/Village	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	

E. Builder (optional)			
Last name	First name	Corporation or Partnership	
Street address		Unit number	Lot/Con.
City/Town/Village	Postal code	Province	E-mail
Telephone number ()	Fax ()	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 Schedule			
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
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 Building Code Act, 1992, to be paid when the application		<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 Building Code Act, 1992 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 schedule, 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	
NOTE: No fee is refundable after a permit has been issued			
Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the <i>Building Code Act, 1992</i> , and will be used in the administration and enforcement of the <i>Building Code Act, 1992</i> . 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.			
Application for a Permit to Construct or Demolish – Effective January 31, 2012			

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, civic address		Plan number	Lot/Con.
Municipality Township of Huron-Kinloss	Postal code	Assessment Roll Number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name		Firm	
Street address		Plan number	Lot/Con.
Municipality	Postal code	Province	E-mail
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"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings		<input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting, and Power <input type="checkbox"/> Fire Protection	
		<input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <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)			
<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. Individual BCIN: _____ Firm BCIN: _____			
<input type="checkbox"/> 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: _____			
<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 submitted this application with the knowledge and consent of the firm.			
Date		Signature of Designer	

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 does 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

A. Project Information			
Building number, street name, civic address		Plan number	Lot/Con.
Municipality	Postal code	Assessment Roll Number/ other description	
Township of Huron-Kinloss			
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, of 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)			
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Plan number	Lot/Con.
Municipality	Postal code	Province	E-mail
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:			
I _____ declare that:			
(print name)			
1. 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			
2. 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. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.			
_____		_____	
Date		Signature of applicant	

Schedule 3: Site and Design Information

A. Building Information:

No. Bedrooms	Daily Sewage Volume (Litres)	Total
1	750	
2	1100	
3	1600	
4	2000	
5	2500	

PLUMBING FIXTURES	TOTAL # EXISTING FIXTURE	TOTAL # PROPOSD FIXTURE	X FIXTURE UNITS =	TOTAL
Bathroom Grouping (toilet, sink, tub, shower)			X 6	
OR				
INDIVIDUAL UNITS				
Toilet (tank operated)			X 4	
Basin			X 1.5	
Bath tub (with or without shower)			X 1.5	
Shower Stall			X 1.5	
Bidet			X 1	
Kitchen Sink			X 1.5	
Dishwasher			X 1	
Washing Machine			X 1.5	
Laundry Tub			X 1.5	
TOTAL FIXTURE UNITS				

Total Fixture Units <small>(over 20 fixture units, add 50L/day per unit)</small>	
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Livable Floor area m ² <small>(over 200 m² add 100 L/day per 10 m²)</small>	
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TOTAL DAILY SEWAGE FLOW	Litres/day
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Note:

1. Sump pumps and floor drains are not to be connected to the sewage system as connection of such fixtures to a sewage system may lead to hydraulic failure of the system. The above mentioned fixtures should be discharged separately to an approved Class 2 (leaching pit) sewage system.
2. Where laundry waste is not more than 20% of the total daily design sanitary sewage flow, it may be discharged to a sewage system (Part 8, OBC, 8.1.3.1.(2)).
3. Other: Garbage Grinder Yes No Whirlpool/Hot Tub Yes No
4. Is there a Water Filter and/or Water Softener that backwashes into the sewage system?

B. Water Supply

On municipal water service (Lake Huron pipeline)

Well Information (if applicable all wells within 30 metres, whether or not in use, must be plotted on site plan and listed below):

Existing Proposed

Municipal Communal Private

Dug or Bored Well Drilled Well Sandpoint Well Lake, River or Stream

C. Percolation Rate

(Refer to Schedule 4: Soil Design Criteria and Site Evaluation)

1. Unified soil classification in sewage system area: _____

2. Percolation rate of native soil: T = ____ min/cm.

Check applicable: Estimated (Unified System) Tested On-site (Test Pit) Lab Analysis (Attach Report)

3. Describe soil mantle (down gradient from sewage system): _____

4. Depth to bedrock: _____

5. Depth to high water groundwater table: _____

D. Type of Sewage System Proposed:

1. Engineered: Yes No

2. New Development Replacement of Existing System Repair of Existing System Addition to Existing System

3. Residential Commercial

4. System Class:

Class 2 (Leaching Pit)

Class 3 (Cesspool)

Class 4 (Area Bed) In-Ground Fully Raised Partially Raised

Class 4 (Aerobic with Trench)) In-Ground Fully Raised Partially Raised

Class 4 (Aerobic with Filter Media) In-Ground Fully Raised Partially Raised

Class 4 (Filter Media) In-Ground Fully Raised Partially Raised

Class 4 (Shallow Buried Trench) In-Ground Fully Raised Partially Raised

Class 5 (Holding Tank)

Other _____

(add separate approved design specifications)

5. Alternate Treatment System:

Number of Units _____ Make _____ Model _____

Annual Maintenance Agreement: Yes No

6. Septic Tank :

Concrete Plastic

Tank Size: _____ Litres

7. Pump Required: Yes No

Note: alarm required for all pumping systems

E. Leaching Bed:

Site to be Scarified (if in clay) Yes No

Clay Seal required (if in bedrock) Yes No

Length of distribution pipe _____ m Depth of Imported Fill _____ m T = _____ min/cm

Leaching Bed Fill Area _____ m² Filter Medium Surface _____ m² Filter Medium Base _____ m²

Imported Mantle: Yes No

F. Site Plan:

An aerial and cross sectional site plan is required and must contain the following information: (Please provide checkmarks below to verify the information is accurately plotted on the site plan).

- Location and dimensions of all buildings
- All wells in use or otherwise within a 30 metre (100 ft) radius of the proposed sewage system
- All existing and proposed structures and swimming pools
- All driveways and proposed access routes for septic system maintenance
- The location of any unsuitable, disturbed or compacted areas
- All water bodies and ditches, drain tiles, swamps, flood plain or areas prone to flooding
- Any slopes (include slope degree and direction)
- All field drains, underground hydro, water services and basement drains
- Proposed system layout including all system components including mantles and their setbacks from structure, lot lines and wells
- The cross-sectional view of the proposed sewage system which includes house, tank and tile bed elevations as well as existing and finished ground levels or grades (recommend bench mark for tiles)

G. Travel Directions:

Blank area for drawing or notes.

Schedule 4: Soil Design Criteria and Site Evaluation

A. Percolation Rate of Design Soil (T)					
Percolation Rate of Design Soil T = _____ min/cm		Percolation Rate of Mantle Sand T = _____ min/cm		<input type="checkbox"/> Laboratory Analysis <input type="checkbox"/> Lab Report Attached	
<input type="checkbox"/> Native <input type="checkbox"/> Imported		<input type="checkbox"/> Native <input type="checkbox"/> Imported			
<p>Note: The Township of Huron-Kinloss requires documentation on the soils proposed to be used to determine the percolation rate ("T"-time) for conventional type fields or its suitability for filter bed sand in filter bed systems.</p> <p style="text-align: center;"><i>All reports must be dated within 12 months of construction.</i></p>					
B. Percolation Rate and Classification of Native Soil					
<input type="checkbox"/> Laboratory Analysis (Attached Report) <input type="checkbox"/> Test on Site (Test Pit) <input type="checkbox"/> Estimated (Unified System)					
TEST PIT SOIL DATA					
TEST PIT #1			TEST PIT #2		
Rock or Ground Water Table	Depth (metres)	Description of Soil	Rock or Ground Water Table	Depth (metres)	Description of Soil
	- 0 -			- 0 -	
	- 0.25 -			- 0.25 -	
	- 0.50 -			- 0.50 -	
	- 0.75 -			- 0.75 -	
	- 1.00 -			- 1.00 -	
	- 1.25 -			- 1.25 -	
	- 1.50 -			- 1.50 -	
	- 1.80 -			- 1.80 -	
Depth to Groundwater		_____ m	Depth to Groundwater		_____ m
Seasonal High Groundwater		_____ m	Seasonal High Groundwater		_____ m
Depth to Bedrock		_____ m	Depth to Bedrock		_____ m
ESTIMATED PERCOLATION RATE OF NATIVE SOIL					
	T-time (min/cm)	Soil Type (Unified Soil Classification System)			
<input type="checkbox"/>	4 – 12	Gravel, Sand Mix, some fines		GM – Permeable to medium permeable, depending on amount of silt.	
<input type="checkbox"/>	12 – 50	Clayey Gravel, gravel-sand-clay mixtures		GC – Important to estimate amount of silt and clay.	
<input type="checkbox"/>	2 – 12	Gravel, Sand Mix, some fines		SW – Medium permeability	
<input type="checkbox"/>	2 – 8	Gravelly Sand, uniform, some fines		SP – Medium permeability	
<input type="checkbox"/>	8 – 20	Silty Sand / Loam Mix		SM – Medium to low permeability	
<input type="checkbox"/>	12 – 50	Clayey Sand/Silty Loam Mix		SC - Medium to low permeability depending on amount of clay	
<input type="checkbox"/>	20 – 50	Inorganic silts/Clayey Silts		ML – Medium to low permeability	
T = _____ min/cm					

Schedule 5: Sewage System Site Plan

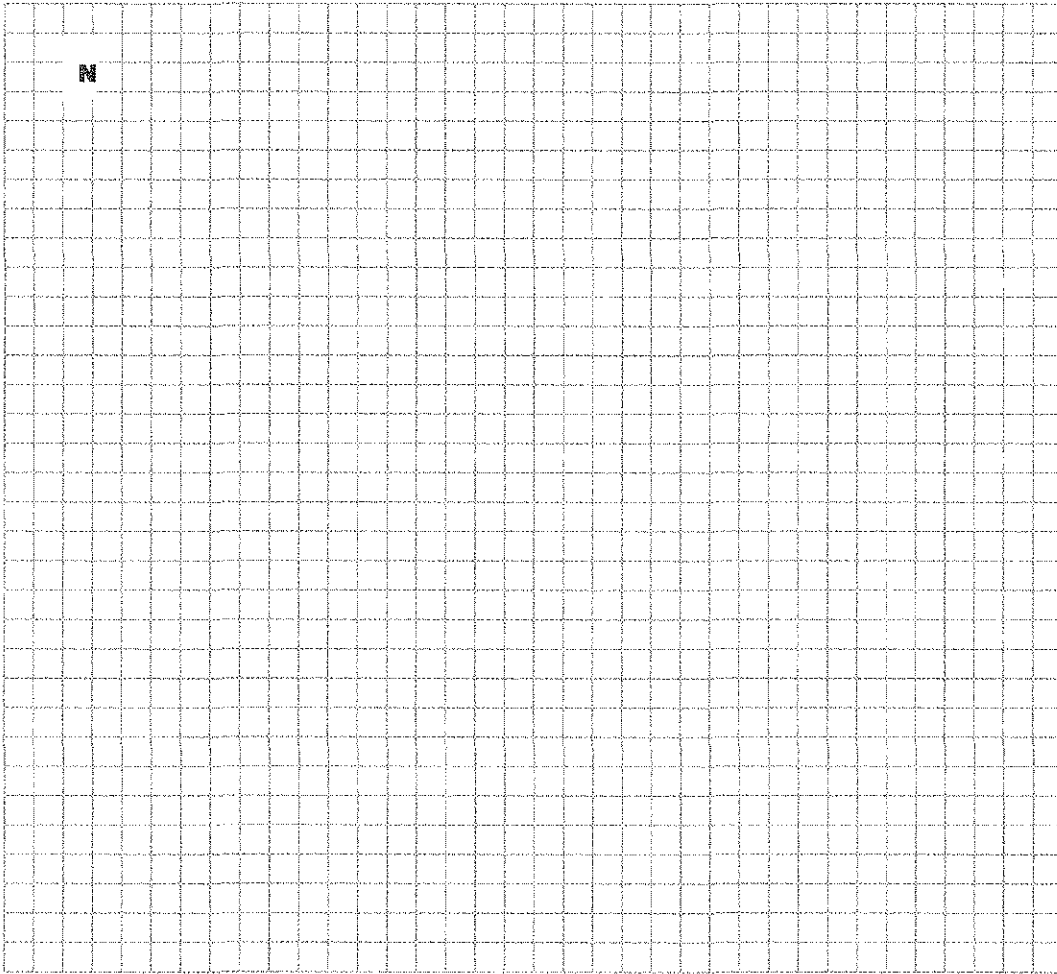
PRINCIPAL AUTHORITY
ONLY

Permit No. _____

Revision No. _____

Date _____

○ Dug Well ● Drilled Well ◆ Neighbouring Homes ◊ Benchmark --- Tile Drainage — Property Line
Include house, tank and tile bed elevations with existing and proposed grades



Sewage System Cross Section

