



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 Only	
Application number:	Permit number (if different):
Date received:	Roll number:
Amount of fee paid:	Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Receipt No.:

Application submitted to: **Porcupine Health Unit**

- | | | | | | | | | |
|--|---|---|---|--|---|---|---|--|
| <input type="checkbox"/> TIMMINS
Head Office
169 Pine St. South
P.O. Bag 2012, P4N 8B7
Tel. (705) 267-1181
Fax. (705) 264-3980 | <input type="checkbox"/> COCHRANE
Minto Centre
233 8 th Street
P.O. Box 550, P0L 1C0
Tel. (705) 272-3394
Fax. (705) 272-4996 | <input type="checkbox"/> HEARST
Hearst Medical Centre
1403 Edward Street
P.O. Box 2470, P0L 1N0
Tel. (705) 362-4854
Fax. (705) 362-7462 | <input type="checkbox"/> HORNEPAYNE
Northstar Centre
200 Front Street
P.O. Box 127, P0M 1Z0
Tel. (807) 868-2091
Fax. (807) 868-2225 | <input type="checkbox"/> IROQUOIS FALLS
243 Main Street
P.O. Box 575, P0K 1G0
Tel. (705) 232-4084
Fax. (705) 232-6845 | <input type="checkbox"/> KAPUSKASING
4 Ash, P5N 2C8
Tel. (705) 335-6101
Fax. (705) 337-1895 | <input type="checkbox"/> MATHESON
Bingham Memorial Hospital
507 Eighth Avenue
P.O. Box 490, P0K 1N0
Tel. (705) 273-2954
Fax. (705) 273-2522 | <input type="checkbox"/> MOOSONEE
48 Revillion Street
P.O. Box 57, P0L 1Y0
Tel. (705) 336-2294
Fax. (705) 336-2919 | <input type="checkbox"/> SMOOTH ROCK FALLS
141 5 th Street
P.O. Box 388, P0L 2B0
Tel. (705) 338-2654
Fax. (705) 338-2250 |
|--|---|---|---|--|---|---|---|--|

A. Project information

Building number, street name			Unit number	Lot/con.
Municipality	Township	Postal code	Plan number/other description	
Project value est. \$			Area of work (m ²)	

B. Applicant

Applicant is: Owner or Authorized agent of owner

Last name		First name	Corporation or partnership	
Street address			Unit number	Lot/con.
Municipality	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	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ()	Fax ()		Cell number ()	

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 no.	Lot/con.
Municipality	Postal code	Plan number/ other description	

B. Individual who reviews and takes responsibility for design activities

Name		Firm		
Street address			Unit no.	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 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

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 2.17.4. 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 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: _____

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*.

Class 2 Greywater Pit

200L/fixture unit (pressurized) cannot exceed 1,000L/day

Sidewall Loading rate (L_R) $L_R = 400 \div T$ _____ = _____ (L/day/m²)

Total Daily Sewage Flow (Q from page 5) = _____ $\div L_R$ _____ = _____ m² of sidewall

Design Details: Wall structure and dimensions _____

Type of Class 1 to be used: Privy Composting Chemical Electrical Other _____

Septic Tank Size

Septic Tank Size = Q _____ x 2 = _____ Litres minimum 3600 litres (Non residential use = Q x 3)

Concrete Polyethylene

Class 4 Sewage System Leaching Bed

Note: Section 8.7 Leaching Beds refers to distribution pipe, any application that does not use perforated pipe and stone must have the appropriate supporting documentation attached to this application

$Q \times T \div 200 = Q$ _____ x T _____ $\div 200 =$ _____ m \div # of runs _____ = _____ m per run

Raised height above natural grade _____ m (Minimum leaching bed size is 40 metres)

TABLE 8.7.4.1.A.

Loading Rates for Fill Based Absorption Trenches and Filter Beds Forming Part of Sentences 8.7.4.1.(1) and 8.7.5.2.(2)

Percolation Time (T) of in-situ Soil (min/cm)	Loading Rates (L/m ² /day)			Loading Area
1 < T < 20	10	$Q \div 10$	$\div 10 =$	m ²
20 < T < 35	8	$Q \div 8$	$\div 8 =$	m ²
35 < T < 50	6	$Q \div 6$	$\div 6 =$	m ²
T > 50	4	$Q \div 4$	$\div 4 =$	m ²
Column 1	Column 2			

Class 4 Sewage System Filter Bed (See note above)

$Q < 3000$ litres = Q _____ $\div 75 =$ _____ m²

$Q > 3000$ litres = Q _____ $\div 50 =$ _____ m²

Extended Contact Area $\frac{Q \times T}{850}$ Q _____ X T _____ = _____ area of contact in m²

(Base of Filter) 850 850

Filter Bed area _____ m² Contact Area _____ m² Raised Height above natural grade _____ m

Class 5 Holding Tank

Requirements - Audio/Visual Alarm, 3" venting, Minimum size 9,000L, Pumping contract must be attached.

$Q \times 7 =$ Size Q _____ x 7 = _____ L (residential)

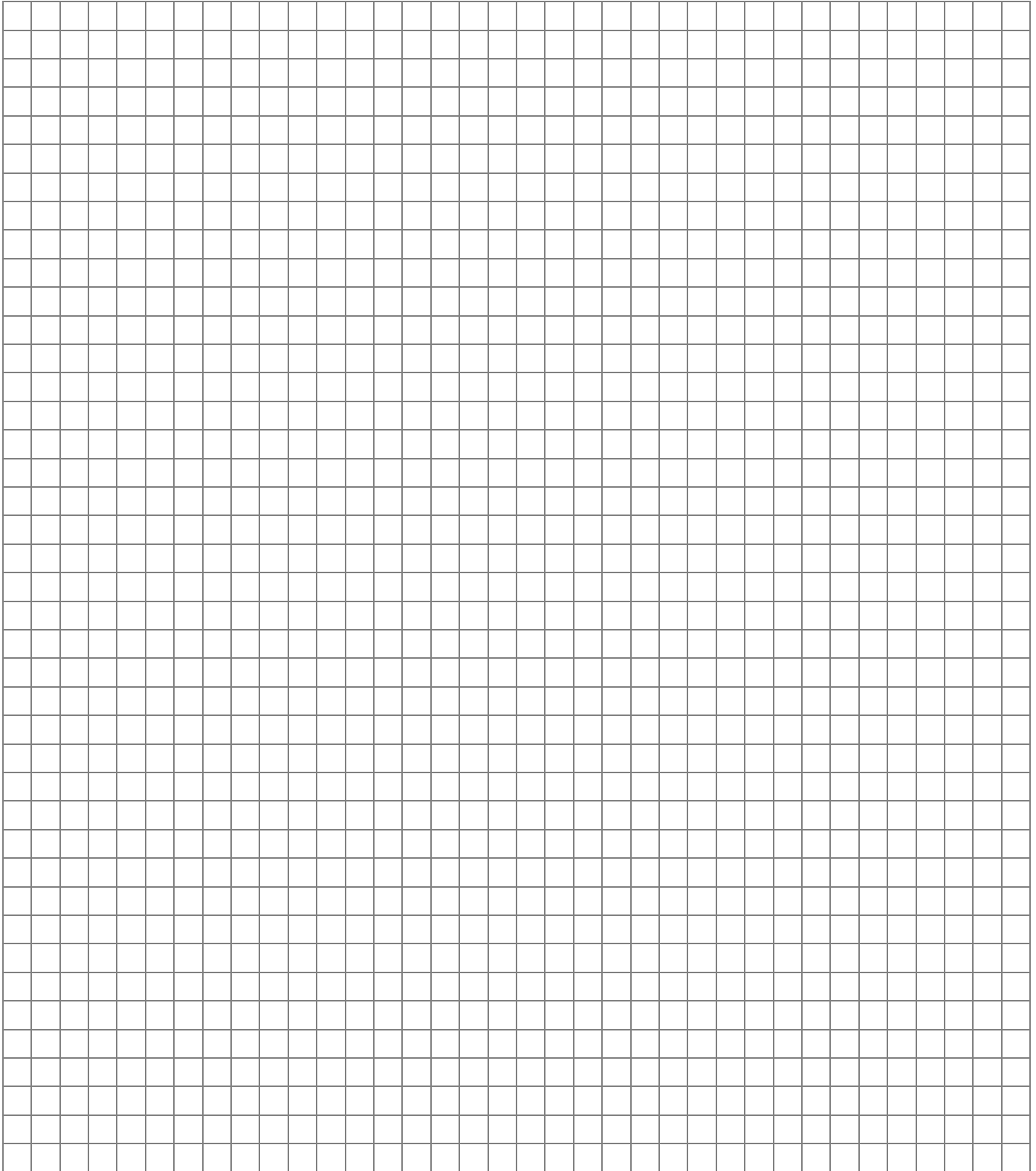
Other type of system or system components

BMEC Approvals and product information must be attached.

For any of the above is: A pump required Yes No A grease Interceptor required Yes No

If yes to either of the above, Design Specifications must be attached.

Sewage System Proposed Site Plan



- A scaled map must show property lines and easements, location of items in Column 1 of Tables 8.2.1.6.A and 8.2.1.6.B including any wells within 30 metres of the septic system.
- Show the location and size of all proposed and existing sewage systems and its components, ie. tanks, pump chambers including test-pits.
- Indicate north on the site plan.
- Include distances to all utilities, including overhead wires.
- Access route for septic tank maintenance.

**Porcupine Health Unit
Sewage System Inspection Records**

Permit #: _____

Readiness to Construct Inspection Date: _____

Substantial Completion Date: _____

Signature: _____

Final Inspection Date: _____

Signature: _____

Signature: _____