

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 Only	
Application number:	Date received:
Amount Paid:	Receipt No.: <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> MO <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MC

Application submitted to: Porcupine Health Unit
(Name of municipality, upper-tier municipality, board of health or conservation authority)

- | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|
| <input type="checkbox"/> TIMMINS
169 Pine St. South
Postal Bag 2012
P4N 8B7
Tel. (705) 267-1181
Fax (705) 264-3980
Toll free 800 461 1818 | <input type="checkbox"/> COCHRANE
2-233 8 th Street
P0L 1C0
Tel. (705) 272-3394
Fax (705) 272-4996 | <input type="checkbox"/> HEARST
1030 George St.,
Unit 2, Box 2470
P0L 1N0
Tel. (705) 362-4854
Fax (705) 362-7462 | <input type="checkbox"/> HORNEPAYNE
247 Third Avenue
Box 127, P0M 1Z0
Tel. (807) 868-2091
Fax (807) 868-2225 | <input type="checkbox"/> IROQUOIS FALLS
58A Anson Drive
Box 575, P0K 1G0
Tel. (705) 258-2247
Fax (705) 258-2249 | <input type="checkbox"/> KAPUSKASING
4 Ash, P5N 2C8
Tel. (705) 335-6101
Fax (705) 337-1895 | <input type="checkbox"/> MATHESON
Bingham Hospital
507 Eighth Avenue
Box 490, P0K 1N0
Tel. (705) 273-2954
Fax (705) 273-2522 | <input type="checkbox"/> MOOSONEE
38 Revillion Road
Box 730, P0L 1Y0
Tel. (705) 336-2294
Fax (705) 336-2919 | <input type="checkbox"/> SMOOTH ROCK FALLS
141 5 th Street
Box 388, P0L 2B0
Tel. (705) 338-2654
Fax (705) 338-2250 |
|--|--|--|---|--|--|--|--|--|

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

B. 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	

C. 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	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number

D. Owner (if different from applicant)			
Last name	First name	Corporation or partnership	
Mailing address (incl. PO Box # if applicable)		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number

E. Builder (optional)				
Last name		First name	Corporation or partnership (if applicable)	
Street address			Unit number	Lot/con.
Municipality	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 Schedules	
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). 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

I. Declaration of applicant	
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	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.

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 3.5.2.1. of Division C]

- | | | |
|--|--|---|
| <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 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: _____

- 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: _____

- 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) (c) 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 practice, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practice, a limited license to practice, 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		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 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)
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	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:			
<p>I _____ declare that: (print name)</p> <p>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>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"> 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. <p style="text-align: center;"> _____ Date Signature of applicant </p>			

DIRECTIONS TO PROPERTY
<div style="border: 1px solid black; min-height: 80px;"></div>

Onsite Sewage System Design Criteria (For non-residential applications, attach information used to determine total daily Sewage Flow " Q ".)

Fixture Units for all Buildings to be serviced by the proposed sewage system from Table 7.4.9.3.

Type of Fixture	Amount	x	Hydraulic load Fixture	=	Total fixture units
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
				Fixture unit total	=

# of bedrooms		=	L/day	See Table 8.2.1.3.A. Residential Occupancy
# of Fixture units >20	x 50	=	L/day	50 L/FU>20 See Table 8.2.1.3.A.
Floor area over 200 m²	÷ 10 x 100	=	L/day	100L/10m ² >200m ² See Table 8.2.1.3.A.
Total daily sewage flow	Q	=	L/day	

Depth of existing soil to: 1) Bedrock/Hardpan _____m 2) High Groundwater Table _____m

Describe proposed Sewage System area: Degree of Slope: _____ Vegetation: _____

Soil to be used for Sewage System: Existing Imported

T-time (percolation rate) T = _____ min./cm **Lab analysis required for native or imported soil which will contain the septic system.**

Describe soils down slope of Sewage System: Type of Soil: _____ Vegetation: _____

Is location subject to flooding? Yes No **Method of subsurface detection:** Magnetic Means 14 Gauge TW Solid Copper Tracer Wire Other (specify): _____

Water Supply

<input type="checkbox"/> Proposed	Type: <input type="checkbox"/> Municipal <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well	Other (describe): _____
<input type="checkbox"/> Existing	Well records of existing wells must be attached to application.	

Neighbouring wells within 30 metres of proposed septic system

Type: Drilled Dug Well Other (describe) _____

Well records of existing wells must be attached to application.

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
$1 < T \leq 20$	10	$Q \div 10$	$\div 10 =$	m ²
$20 < T \leq 35$	8	$Q \div 8$	$\div 8 =$	m ²
$35 < T \leq 50$	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 _____ $\times T$ _____ = _____ 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.

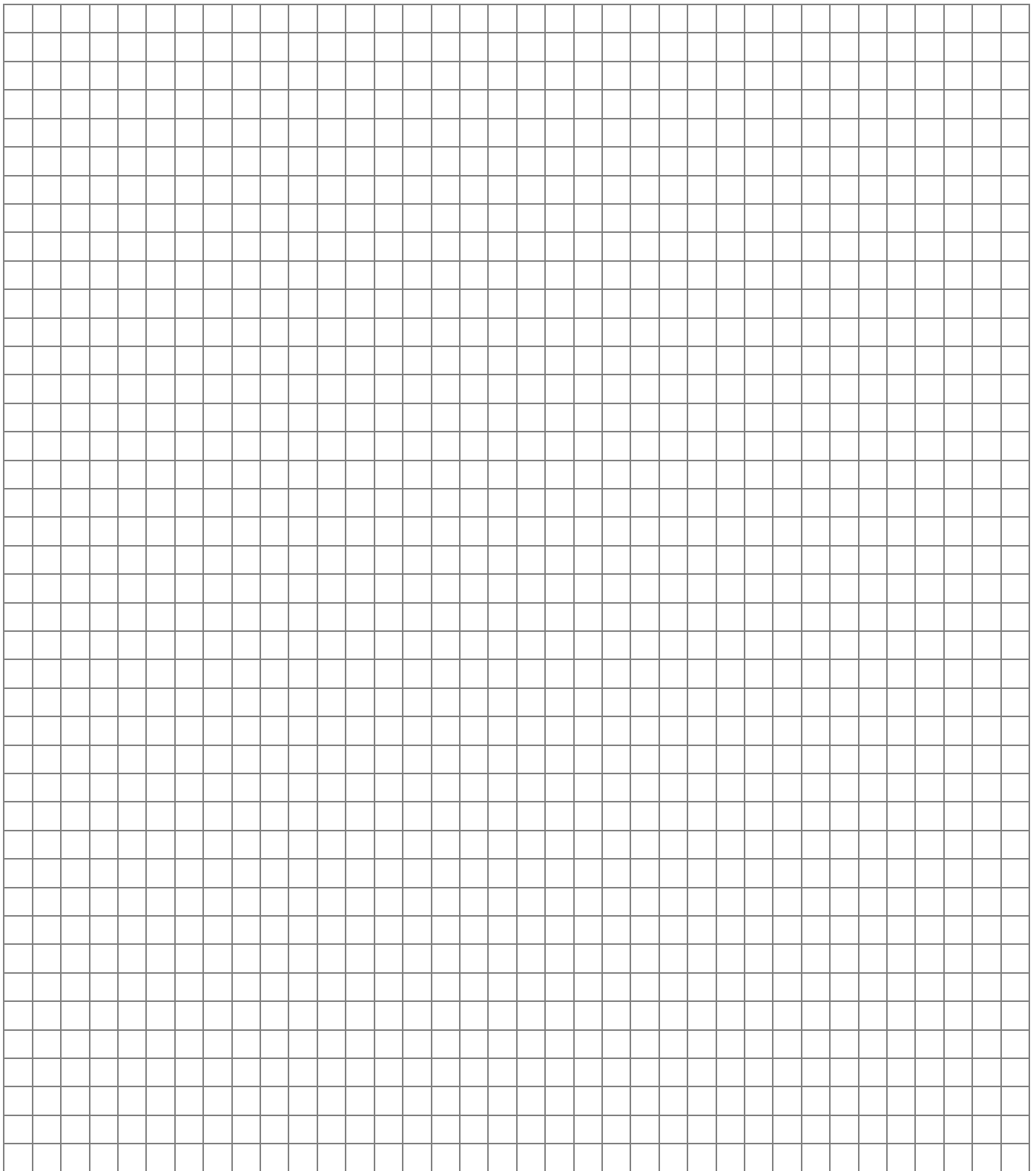
$Q \times 7 =$ Size Q _____ $\times 7 =$ _____ L (residential)

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.



- 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, i.e., 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: _____

OFFICE USE ONLY:

Signature: _____

Substantial Completion Date: _____

OFFICE USE ONLY:

Signature: _____

Final Inspection Date: _____

OFFICE USE ONLY:

Signature: _____