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## Application for a Sewage System Permit

Sewage System Inspectors can only provide comments based on completed applications and plans. Once a completed application has been received and reviewed, an inspector will visit the property to inspect test holes and the site. The applicant will either be issued a Permit or a letter advising the applicant of the reason(s) why it was not issued.

The following list is intended for use as a checklist of required items to be submitted to form a complete application.

### Application for a Sewage System Permit Checklist

<b>Application Checklist</b>	<input checked="" type="checkbox"/>
Application for a Permit to Construct or Demolish	<input type="checkbox"/>
Schedule 1: Designer Information	<input type="checkbox"/>
Schedule 2: Sewage System Installer Information	<input type="checkbox"/>
Proposed Sewage System Design (3 pages)	<input type="checkbox"/>
Topographical Lot Diagram	<input type="checkbox"/>
Side Profile (for partially or raised beds)	<input type="checkbox"/>
Floor Plans	<input type="checkbox"/>
Owner Authorization	<input type="checkbox"/>
Fee Payment	<input type="checkbox"/>
Test Hole	<input type="checkbox"/>
Applicable Law Approvals (See Pg 2)	<input type="checkbox"/>

**No work is to commence until a Permit has been issued.**

**Once a Permit has been issued, there shall be no change in the plans, specifications, documents or other information on which the permit was issued unless, written authorization has been obtained from the Sewage System Inspector.**

Upon commencement of the installation, it is the **responsibility** of the owner/applicant to **arrange for the necessary inspections** prior to backfilling.

The Municipality of Trent Hills will not be held responsible for incorrect information provided in this application package.

## Applicable Law

The *Building Code Act* prohibits the issuance of a building permit if the proposed construction will contravene an applicable law as defined by the Building Code. The questions below will help you to determine if an applicable law applies to your property.

If you answer yes to any of the following questions, the relevant approval documents must be submitted with this application. Where any required approval has not been obtained, it is the responsibility of the property owner to contact the appropriate agency for approval.

### Applicable Law Checklist

<b>Zoning By-Laws</b>	<b>Yes</b>	<b>No</b>
➤ Is/was a rezoning required to permit the proposed construction or land use to which this proposed sewage system will serve?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Is/was a minor variance required to permit the proposed structure or land use to which the sewage system will serve?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Is a land division or subdivision required and not fully completed for this property?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Planning Approval</b>		
➤ Does this property require a site plan approval?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conservation Authority</b>		
➤ Is the proposed sewage system site under the jurisdiction of a Conservation Authority?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Electrical Conductor Clearances</b>		
➤ Are any overhead power lines located either above or within 5.5 metres of the sewage system site?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clean Water Act/ Source Water Protection</b>		
➤ Does the property fall into a Source Water Protection Area?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Building &amp; Land Use Permits (Ontario Ministry of Transportation)</b>		
➤ Is the property within 45m of a highway or 180m from any highway intersection?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Is the property within 395m of a controlled highway intersection?	<input type="checkbox"/>	<input type="checkbox"/>

**Declaration:**

I have considered the list of applicable laws above and as described in Article 1.4.1.3. of the Ontario Building Code, and do hereby declare that:

- None of the applicable law approvals apply to this project.
- Applicable laws checked with "YES" apply to this project and the approval documents are submitted with this application.
- Applicable laws checked with "YES" apply to this project, however all approval documents have not yet been obtained. (Copies to be filed with the Building Division when obtained)

The information provided on this form is true to the best of my knowledge. I have the authority to act on behalf of the owner, corporation or partnership with respect to this application (if applicable).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# Application for a Sewage System Permit

This form is authorized under subsection 8(1.1) of the Building Code Act, 1992.

For use by Principal Authority			
Application number:		Permit number (if different):	
Date received:		Roll number:	
Application submitted to: _____ (Name of municipality, upper-tier municipality, board of health or conservation authority)			
A. Project information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (m <sup>2</sup> )	
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
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number

<b>E. Builder (optional)</b>				
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
<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.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes	No
iii. If yes to (ii) provide registration number(s): _____				
<b>G. Required Schedules</b>				
i) Attach Schedules 1 through 10 where application is to construct, 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.			Yes	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> .			Yes	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.			Yes	No
iv) The proposed building, construction or demolition will not contravene any applicable law.			Yes	No
<b>I. Declaration of applicant</b>				
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		
Do you agree to receive emails from the Municipality of Trent Hills regarding Building Permits and inspections at the email address provided in this application?      Yes      No				

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.

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
Municipality	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.	
Municipality	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>			
House	HVAC – House	Building Structural	
Small Buildings	Building Services	Plumbing – House	
Large Buildings	Detection, Lighting and Power	Plumbing – All Buildings	
Complex Buildings	Fire Protection	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>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>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>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> <p style="text-align: center;">             _____              Date <span style="margin-left: 150px;">Signature of Designer</span> </p>			

**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 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?			
Yes (Continue to Section C)		No (Continue to Section E)	
		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>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"> <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> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			



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Roll No. \_\_\_\_\_

# Proposed Sewage System Design

(Page 1 of 3)

**Class of System Proposed:**     2 or 3,     4     5     Install     Alter/Repair

**Test Hole Completed and Open:**     Yes     No

**Size of Lot:** Length \_\_\_\_\_ m    Width \_\_\_\_\_ m    Area \_\_\_\_\_ m<sup>2</sup>

### Property Information (Residential):

Fixture Unit Type	No of Fixtures	Fixture Unit Value	Total
Water Closet (Flush Tank Toilet)		4	
Hand Wash Basin		1.5	
Bathtub and/or Shower		1.5	
Kitchen Sink		1.5	
Dishwasher (Direct Connect)		1.0	
Clothes Washer		1.5	
Laundry Tub		1.5	
Bathroom Group		6	
Other			
			Overall Total:

**Number of Bedrooms:** \_\_\_\_\_

**Total Area of Living Space** (includes guest cabins, bunkies, lofts, etc): \_\_\_\_\_ m<sup>2</sup>

### Daily Sewage Flow Calculation:

**A.** Base Flow from Number of Bedrooms: \_\_\_\_\_ L (max 5)

**B.** Each Additional Fixture Unit over 20: \_\_\_\_\_ x50= \_\_\_\_\_ L

**C.** Additional Area of Living Space over 200m<sup>2</sup>:

**i.** Each 10m<sup>2</sup> over 200m<sup>2</sup> up to 400m<sup>2</sup>: \_\_\_\_\_ x100= \_\_\_\_\_ L

**ii.** Each 10m<sup>2</sup> over 400m<sup>2</sup> up to 600m<sup>2</sup>: \_\_\_\_\_ x75 = \_\_\_\_\_ L

**iii.** Each 10m<sup>2</sup> Greater Than 600m<sup>2</sup>: \_\_\_\_\_ x50 = \_\_\_\_\_ L

**D.** Additional Bedrooms over 5: \_\_\_\_\_ x500 = \_\_\_\_\_ L


**Total Daily Sewage Flow:** A plus the greater of B or C or D = \_\_\_\_\_ L/day

### Property Information: (Commercial/Industrial/Institutional)

Proposed Use of the Structure: \_\_\_\_\_

Design Flow Calculations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p><b>Water Supply:</b></p> <p><input type="checkbox"/> Drilled Well (Water-tight Casing Depth _____m)</p> <p><input type="checkbox"/> Dug Well</p> <p><input type="checkbox"/> Bored Well</p> <p><input type="checkbox"/> Municipal Water</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Existing      <input type="checkbox"/> Proposed</p>	<p><b>Soils Conditions:</b></p> <p>Est. Perc Rate: _____ min/cm</p> <p>Bedrock Level: _____ m</p> <p>High Water Level: _____ m</p> <p>Date of Assessment: _____</p> <div style="float: right; text-align: center;"> <p>Soil Profile (m):</p> <div style="border: 1px solid black; padding: 5px; width: 150px;"> <p style="text-align: center;">0</p>  <p style="text-align: center;">1.5</p> </div> </div>
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**Method of Detection**

Magnetic means     Tracer wire (14 gauge TW solid copper light coloured plastic coated)

Other means of subsurface detection, please specify: \_\_\_\_\_

**Treatment Tank(s) (Septic Tank/Anaerobic Digester/Trash Tank)**

Septic Tank Size (Residential Occupancy): DSF x 2 (3600L min) Proposed: \_\_\_\_\_ L

Septic Tank Size (Non-Res Occupancy): DSF x 3 (3600L min) Proposed: \_\_\_\_\_ L

Anaerobic Digester: (3600L min) Proposed \_\_\_\_\_ L: Internal Pump Chamber   

**Class 2 or 3 Sewage System**

Size \_\_\_\_\_ m<sup>2</sup>;

Configured as Length \_\_\_\_\_ m x Width \_\_\_\_\_ m x Height \_\_\_\_\_ m

Wall Structure \_\_\_\_\_; Type of Cover \_\_\_\_\_

**Class 5**

Holding Tank Size (Residential Occupancy): DSF x 7 (9000L min) Proposed: \_\_\_\_\_ L

Holding Tank Size (Non-Residential Occupancy): DSF (9000L min) Proposed: \_\_\_\_\_ L



**Conventional Trench**

DSF x T/200 = \_\_\_\_\_ m; Proposed: \_\_\_\_\_ m;

Request for Reduction/Treatment Unit: \_\_\_\_\_; DSF x T/300 = \_\_\_\_\_ m

Percolation Rate of Fill (if required): \_\_\_\_\_ min/cm;

If Raised, Height above existing grade to bottom of stone layer/chamber: \_\_\_\_\_ m

**Filter Bed**

**Filter Bed Area:** <3000L/day DSF/75 = \_\_\_\_\_ m<sup>2</sup>; Proposed \_\_\_\_\_ m<sup>2</sup>

>3000L/day DSF/50= \_\_\_\_\_ m<sup>2</sup>; Proposed \_\_\_\_\_ m<sup>2</sup>

Treatment Unit DSF/100= \_\_\_\_\_ m<sup>2</sup>; Proposed \_\_\_\_\_ m<sup>2</sup>

No of Pods: \_\_\_\_\_ ; Arranged as \_\_\_\_\_ x \_\_\_\_\_ m<sup>2</sup>

**Expanded Contact Area:** QT/850= \_\_\_\_\_ m<sup>2</sup>; Proposed \_\_\_\_\_ m<sup>2</sup>

If Raised, Height above existing grade to bottom of stone layer/chamber: \_\_\_\_\_ m

**Loading Rate Area**

Daily Sewage Flow/Loading Rate Factor = \_\_\_\_\_ m<sup>2</sup>; Proposed \_\_\_\_\_ m<sup>2</sup>

Receiving Soil Percolation Rate	Loading Rate Factor
1 < T ≤ 20	10
20 < T ≤ 35	8
35 < T ≤ 50	6
T > 50	4

**15 m Extended Sand Mantle**

Required:  Yes  No  Native Arranged as: \_\_\_\_\_ m x \_\_\_\_\_ m

**Alternative Treatment Systems**

Manufacturer: \_\_\_\_\_ BMEC/CAN-BNQ No: \_\_\_\_\_

Model: \_\_\_\_\_ Daily Sewage Flow Capacity: \_\_\_\_\_

No. of Units: \_\_\_\_\_

**Type A Dispersal Bed**

Stone Area: <3000L/day DSF/75= \_\_\_\_\_ m<sup>2</sup>; Proposed \_\_\_\_\_ m<sup>2</sup>

>3000L/day DSF/50= \_\_\_\_\_ m<sup>2</sup>; Proposed \_\_\_\_\_ m<sup>2</sup>

Sand Area: Perc Rate ≤ 15 min/cm QT/850= \_\_\_\_\_ m<sup>2</sup>; Proposed \_\_\_\_\_ m<sup>2</sup>

Perc Rate > 15 min/cm QT/400= \_\_\_\_\_ m<sup>2</sup>; Proposed \_\_\_\_\_ m<sup>2</sup>

Mantle: Required:  Yes  No  Native

**BMEC Area Bed**


Sand Area: QT/400= \_\_\_\_\_ m<sup>2</sup>; Proposed \_\_\_\_\_ m<sup>2</sup>

If Raised, Height above existing grade to bottom of stone layer/unit/chamber: \_\_\_\_\_ m

# Topographical Lot Diagram

Show the following required information with proposed or existing **setbacks** where necessary:

- Sewage System Components (tank, leaching bed, loading rate area, etc)
- Existing Sewage System Components
- Structures & Driveways (proposed & existing)
- Property Lines & Features (steep slopes, streams, lakes, etc)
- Water Supplies (including neighbours)



Note: Loading rate areas and mantles are to be free of structures.

\_\_\_\_\_  
Owner/Installer/Designer

\_\_\_\_\_  
Signature

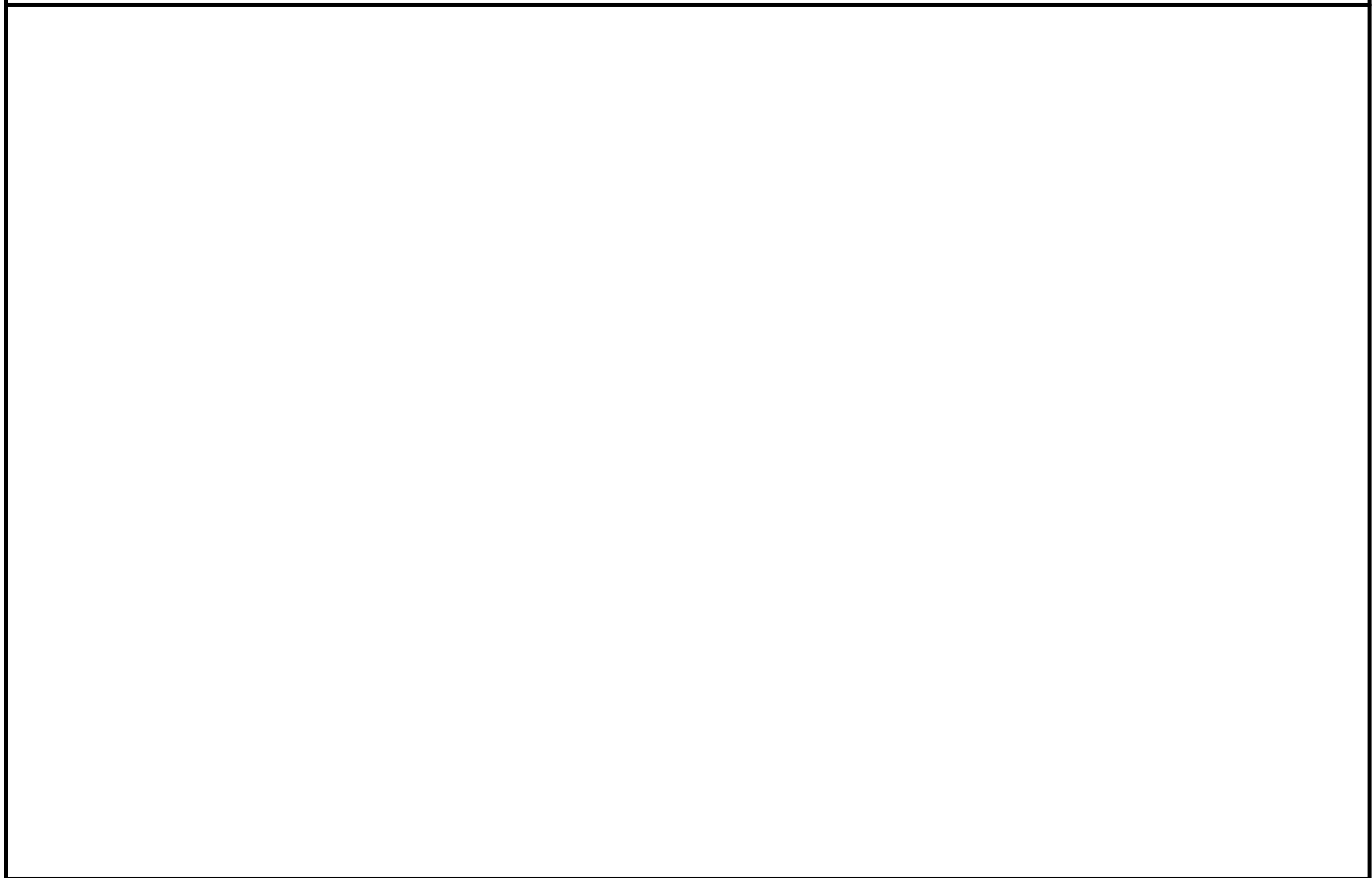
\_\_\_\_\_  
Date

# Side View Diagram

Complete this component for Sewage System proposals that are Raised, Partially Raised or the Site is Sloped.

Indicate the following required information:

- Original Grade
- Finished Grade
- Height Above Impervious Soil, Water Table, or Bedrock
- Profile of the Materials that make up the Septic Bed and Load Rate Area (fill, filter sand, filter sand contact area, 15 m extended sand loading rate area, pipe, stone)



\_\_\_\_\_  
Owner/Installer/Designer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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AGENT AUTHORIZATION FORM

**Property Description:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Please print:**

Registered Property Owner: \_\_\_\_\_

Registered Property Owner: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned, registered property owners of the above noted property, do hereby authorize:

\_\_\_\_\_, of \_\_\_\_\_  
(Contractor / Agent) (Name of firm)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this permit and any and all standard and special conditions attached.

Property Owner's Address (if different than property above):

\_\_\_\_\_

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

\_\_\_\_\_

Authorized Signature

Authorized Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Witness Name

\_\_\_\_\_

Witness Signature

Date: \_\_\_\_\_