

PERMIT No:

TO BE COMPLETED BY APPLICANT

ARE EXTERNAL APPROVALS ATTACHED?
(Check all applicable)

- ☐ Source protection screening area
☐ Site plan approval from Planning Department
☐ All other Applicable Laws (please specify): _____
- ☐ Conservation Authority approval
☐ Zoning, minor variance

Total No. of bedrooms:

Total finished floor area (m²):

Total No. of fixture units:

Daily design sewage flow (Q): _____ litres/day

- ☐ Residential
 ☐ Other occupancies (Please identify): _____

WATER SUPPLY:

- ☐ Municipal
☐ Dug well
☐ Drilled well
☐ Shallow point well
☐ Other: _____

TYPE OF NATIVE SOIL:

- ☐ Soils analysis attached
 Percolation rate "T"-time: _____ min/cm
 Depth to water saturation: _____
 Slope of land in tile bed area: _____ %

TYPE OF IMPORTED FILL:

- ☐ Fill analysis attached
 Percolation rate "T"-time: _____ min/cm
 Slope of land in tile bed area: _____ %

CLASS OF SYSTEM:

- ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5

SYSTEM COMPONENTS:
(Complete all that apply)

- ☐ Septic tank capacity: _____ L
 ☐ Distribution box: _____
☐ Pump capacity: _____ L
 ☐ Other (please specify): _____
 Audio or visual alarm?: ☐ Yes ☐ No
 ☐ Advanced Treatment Unit capacity: _____ L
 Manufacturer: _____ Model: _____

METHOD OF DISTRIBUTION PIPE DETECTION:

- ☐ magnetic means
 ☐ tracer wire (14 gauge TW solid copper light coloured plastic coated)
☐ other means of subsurface detection, please specify _____

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				
Application number:		Permit number (if different):		
Date received:		Roll number:		
Application submitted to: TOWNSHIP OF SOUTH-WEST OXFORD				
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 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 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		
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		

PERMIT No:

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.			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): _____				
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).			Yes	No
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
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]			
☐ House ☐ Small Buildings ☐ Large Buildings ☐ Complex Buildings		☐ HVAC - House ☐ Building Services ☐ Detection, Lighting and Power ☐ Fire Protection	
		☐ Building Structural ☐ Plumbing - House ☐ Plumbing - All Buildings ☐ 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 practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

PERMIT No:5

WORKSHEET A: **Residential Daily Sewage Flow Calculation (Q)**

A) RESIDENTIAL OCCUPANCY		(Q) in L	Total
NUMBER OF BEDROOMS	1 Bedroom	750	
	2 Bedrooms	1100	
	3 Bedrooms	1600	
	4 Bedrooms	2000	
	5 Bedrooms	2500	
		Subtotal (A)	
B) PLUS ADDITIONAL FLOW FOR:			
NOTE: Use the largest additional flow calculation to determine Daily Sewage Flow (Q)			
	Quantity	(Q) in L	Total
EITHER	Each bedroom over 5	500	
OR	Floor space for each 10 m ² over 200 m ² up to 400 m ²	100	
	Floor space for each 10 m ² over 400 m ² up to 600 m ²	75	
	Floor space for each 10 m ² over 600 m ²	50	
OR	Each fixture unit over 20 fixture units	50	
		Subtotal (B)	
SUBTOTAL A+B=DAILY SEWAGE FLOW (Q)			litres



To calculate the sewage flow for Other Occupancies, please refer to Division B - Part 8 Table 8.2.1.3.B of the Ontario Building Code.

Other Occupancies Daily Sewage Flow Calculation (Q)

Other Occupancies	Volume in Litres	Total Daily Sewage Flow (Q)

WORKSHEET B: Fixture Unit Count

FIXTURES	UNITS	HOW MANY?	TOTAL
Bathroom group (toilet, sink, tub or shower) with flush tank	6	☒	☐
Half bathroom with toilet and sink	5.5	☒	☐
Bathtub Only (with or without overhead shower)	1.5	☒	☐
Shower stall	1.5	☒	☐
Wash Basin (1.5 inch trap)	1.5	☒	☐
Water closet (toilet) tank operated	4	☒	☐
Bidet	1	☒	☐
Dishwasher	1.5	☒	☐
Floor Drain (3" trap)	3	☒	☐
Sink (with/without garbage grinder(s), domestic and other small type single, double or 2 single with a common trap)	1.5	☒	☐
Domestic washing machine	1.5	☒	☐
Combination sink and laundry tray single or double (installed on 1.5 inch trap)	1.5	☒	☐
Other:			
TOTAL NUMBER OF FIXTURE UNITS:			



1. Refer to Division B – Part 7 Table 7.4.9.3 of the Ontario Building Code for a complete listing of fixture types and units.
2. Sump pumps and floor drains are not to be connected to the sewage system. Connection of such fixtures to a sewage system may lead to a hydraulic failure of the system. The sump pump and floor drains should be discharged separately.
3. Where the laundry waste is not more than 20% of the total daily design sanitary sewage flow, it may discharge to a sewage system. Refer to Division B – Part 8.1.3.1(2) of the Ontario Building Code for further information.

WORKSHEET C: Site Plan Evaluation

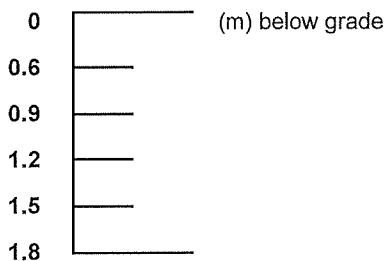


Please provide the following information on this worksheet:

1. Scale: 1 block = _____ m/ft.
2. Location of the sewage system and its components (e.g. tank, leaching bed, pump chamber)
3. Locate and show minimum clearances for treatment units and distribution piping of items noted in Column 1 of Tables 8.2.1.6.A. and 8.2.1.6.B. of Division B – Part 8 the Ontario Building Code.
4. Legal description of the property, property lines, easements, and utility corridors.
5. Lot dimensions and topographic features (e.g. steep slopes, flood area, drainage ditches) near proposed system; including the location of any unsuitable, disturbed or compacted areas, and the access route for tank maintenance.

Sub-surface Conditions Observed

Rock & Ground Water Table and Soil properties:



Declaration of Site Evaluation and Soil Analysis

I prepared a site evaluation at _____

(legal description of property)

on _____

(date YYYY-MM-DD)

Evaluator's name: _____

Signature of Evaluator: _____

(please print)

Address: _____

Telephone No: _____

I certify that the soil sample analysis submitted with this application is true and representative of the soil obtained from the lot in the area of the proposed sewage disposal system. The sample was taken at an appropriate depth between 0.6 m (24") and 0.9 m (36") below finished grade.

Signature of applicant

Date (YYYY-MM-DD)

WORKSHEET D: **Leaching Bed Calculations**

PART 1: COMPLETE ALL

TYPE OF LEACHING BED:

- ☐ Conventional trench ☐ Filter bed ☐ Type A Dispersal Bed ☐ Type B Dispersal Bed
☐ Other ☐ In ground ☐ Raised _____ m above existing grade

Percolation rate of native soil (T):

Percolation rate of fill (T):

MANTLE (if applicable): ☐ Imported ☐ Native

 Q/Loading Rate = _____ m² Configured as: _____ m x _____ m

PART 2: COMPLETE ONE OF A, B, C, D, E OR F

A. ABSORPTION TRENCH

Total length of distribution pipe (L) **Conventional** $(Q \times T) \div 200 =$ _____ m
Treatment system $(Q \times T) \div 300 =$ _____ m
 Configured as: _____ runs of _____ m Total: _____ m
 Length of leaching chamber **Type 1** $= (Q \times T) \div 200 =$ _____ m
Type 2 $= (Q \times T) \div 300 =$ _____ m

B. FILTER BED

EFFECTIVE AREA

 If $Q \leq 3000$ litres per day, use $Q \div 75$

 If $Q > 3000$ litres per day, use $Q \div 50$

 Level II-IV treatment unit only, use $Q \div 100$
Effective area $=$ _____ (Q) $\div$ _____ (75, 50 or 100) $=$ _____ m²

Configured as: _____ m x _____ m

Beds _____

DISTRIBUTION PIPE

Number of runs: _____

Note: (Spacing max of 1.2m)

CONTACT AREA $= (Q \times T) \div 850$
Contact Area $=$ (_____ (Q) $\times$ _____ (T)) $\div$ 850 $=$ _____ m²
MANTLE (See Part 1)

 _____ m²

C. SHALLOW BURIED TRENCH

Percolation time (T) of soil in minutes:	Length of distribution pipe (metres)
$1 < T \leq 20$	$Q \div 75$ metres
$20 < T \leq 50$	$Q \div 50$ metres
$50 < T < 125$	$Q \div 30$ metres

(L) $=$ _____ (Q) $\div$ _____ (75, 50 or 30) $=$ _____ m

Configured as: _____ runs of _____ m Total: _____ m

E. TYPE A DISPERSAL BED

STONE LAYER

 If $Q \leq 3000$ litres per day, use $Q \div 75$

 If $Q > 3000$ litres per day, use $Q \div 50$
Stone Layer $=$ _____ (Q) $\div$ _____ (75 or 50) $=$ _____ m²

SAND LAYER

 If T is between 1 and 15 use $(Q \times T) \div 850$

 If T is greater than 15 use $(Q \times T) \div 400$
Sand Layer $=$ (_____ (Q) $\times$ _____ (T)) $\div$ (850 or 400) $=$ _____ m²

Use T of native soil; if sand layer less than stone layer area, use stone layer area for both values

DISTRIBUTION PIPE

Configured as: _____ runs of _____ m Total: _____ m

F. TYPE B DISPERSAL BED

Area $= (Q \times T) \div 400$
Area $=$ (_____ (Q) $\times$ _____ (T)) $\div$ 400 $=$ _____ m²

LINEAR LOADING RATE (LLR)

 If $T < 24$ minutes, use 50 litres per minute

 If $T \geq 24$ minutes, use 40 litres per minute

Pump chamber capacity $=$ _____ L

Length $=$ _____ m

Bed configuration $=$ _____ m $\times$ _____ m $=$ _____ m²
of Beds $=$ _____

LENGTH $= Q \div \text{LLR}$

DISTRIBUTION PIPE

Configured as: _____ runs of _____ m Total: _____ m

PERMIT No:

AGENT AUTHORIZATION (if applicable)

I, the owner hereby authorize: (print agent's name) _____
to act as the official agent respecting the attached application for a permit under Part 8 of the Ontario Building Code.

- Township of South-West Oxford is hereby authorized to release any permits, documents or information respecting the subject property to said agent.
- I understand that it will be the shared responsibility of the property owner and the agent for ensuring that the work is carried out in accordance with the Permit, the Ontario Building Code & Act, Applicable Laws and the By-Laws and policies of the Township of South-West Oxford.

Owner's Signature

Date (YYYY-MM-DD)

- The Inspector will return all applications that are incomplete or unsigned.
- This application cannot be altered and must be completed in full - Additional information or revised calculations/diagrams may be submitted on separate work sheets.
- This application does not constitute a permit.
- No work shall commence until a permit has been issued.

OFFICE USE ONLY

Proposal meets Ontario Building Code requirements:

☐ Yes ☐ No

Building permit issued: ☐ Yes ☐ Yes, with conditions ☐ No

If applicable, note conditions or reason for refusal:

Comments:

Name of Inspector:

Signature of Inspector:

Date (YYYY-MM-DD):

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