



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:	
<p>Township of Perth East</p> <p>Application submitted to: _____ <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small></p>			
A. Project information			
Building number, street name		Unit number	Lot/con.
Municipality Township of Perth East	Postal code	Plan 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
Street address		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)			
<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) (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:</p> <p style="text-align: center;">(print name)</p> <p><input type="checkbox"/> 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>OR</p> <p><input type="checkbox"/> 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;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

Daily Design Flow



Permit Number: _____
 Address: _____
 Owner: _____

Base Flow

No. Bedrooms (max 5) _____ = _____ L

1 bedroom = 750L/Day
 2 bedroom = 1100L/Day
 3 bedroom = 1600L/Day
 4 bedroom = 2000L/Day
 5 bedroom = 2500L/Day

Additional Flow

1) Number of Bedrooms over 5
 _____ x 500 = _____ L

2) Area over 200 m2 (not including fin. Basement space)

Total	_____ m2	_____ sf		
	Each 10 m2 between 200-400 m2	# pts	_____ x 100 =	_____ L
	Each 10 m2 between 400-600 m2	# pts	_____ x 75 =	_____ L
	Each 10 m2 over 600 m2	# pts	_____ x 50 =	_____ L
		Area Total	=	_____ L

3) Fixture Units over 20

W.C	4	x	_____ =	_____
Lav	1	x	_____ =	_____
Bathtub/shower	1.5	x	_____ =	_____
Shwr (1 hd)	1.5	x	_____ =	_____
Kit. Sink	1.5	x	_____ =	_____
Laundry Tub	1.5	x	_____ =	_____
Washer	1.5	x	_____ =	_____
fir Drain	3	x	_____ =	_____
fir Drain	1	x	_____ =	_____
Bidet	1	x	_____ =	_____
Bathroom Group	6	x	_____ =	_____
Other:				
		x	_____ =	_____
		x	_____ =	_____
		x	_____ =	_____
		Total	=	_____

- 20 = _____
 *if this is not positive # do not count

Each fixture unit over 20 _____ x 50 = _____ L

Total Daily Design Flow

	Base Flow	+	Additional Flow		
1)	_____	+	_____ =	_____	L
2)	_____	+	_____ =	_____	L
3)	_____	+	_____ =	_____	L
	Total Daily Design Flow	=	_____		L

Minimum Tank Size= _____ L x 2 = _____ L **Min Tank Size 3600L Tank**



Township of Perth East

P.O. Box 455, 25 Mill Street
Milverton, Ontario N0K 1M0

Phone- (519) 595-2800
Fax- (519) 595-2801

Acknowledgement of General Maintenance Requirements for Septic Systems

Address: _____ Roll No: _____ Permit Number: _____

Type of System Installed: *Regular / Secondary / Tertiary* Installation Date: _____

Type of Tank or Treatment Unit: _____ Maintenance Agreement Required: *Yes / No*

Type of Leaching Bed: _____

Installation Contractor: _____ BCIN: _____ Installer's Initials: _____

Above this line SHALL be completed by the Licenced Septic Installer

Through initialing and signing this form, I acknowledge that I have read and understand the following information contained herein.
Please INITIAL each box below

If the installed septic system requires a Maintenance Agreement, I acknowledge that the agreement can not be terminated without notifying the Chief Building Official, AND that the required maintenance for this system must be performed by a licenced testing company/licenced septic installer, AND that there is a cost for this service.

Septic tanks should be regularly pumped every 3 – 5 years or less, although, frequency of pumping may increase depending on how heavily the system is used.

Minimum distances are required to be maintained to the septic system. **Minimum 1.5m (5ft)** from any structure (house, deck, pool, shed, etc) to the septic tank. **Minimum 5m (16'-5")** from any structure to the septic bed.

Septic beds must **not** be driven across (as this may compact the soil or crush the tiles, resulting in septic bed failure). Landscaping should be limited to areas around the septic tank only (ensure lids are accessible for pumping/maintenance), and should not be located on or very near the septic bed. Trees or bushes should **not** be planted on or near the septic bed (the roots can damage and block the tiles, resulting in possible bed failure).

Water usage should be monitored and used conservatively, and should **never** be excessively discharged to a septic system.

Loads of laundry should **not** be done excessively over short periods of time, but rather should be spread out throughout the course of the week, to not over load the capacity of the system (which could shorten it's lifespan)

Appliances that generate waste water (such as water softeners), sump pumps or roof leaders must **not** be connected to the septic system. Kitchen garbage grinders also must **not** be connected. Pool or hot tub water must **not** be discharged to the septic system.

The following items should **never** be added to a septic system: fats, oils, grease, gasoline, antifreeze, varnish, paint, solvents, harsh drain or toilet bowl cleaners, photography solutions, pesticides, nail polish remover, cat litter, tampons, sanitary napkins, diapers, paper towels, facial tissues, condoms, plastics, coffee grounds, egg shells, other kitchen wastes, cigarette filters, and any other similar types of waste materials.

House-hold cleaners, disinfectants, and bleach may only be used in moderation, as they impede the treatment process (which may reduce the lifespan of the septic system). Ensure to read the labels of cleaning solutions to determine if the manufacturer recommends that it may be used in conjunction with a septic system, however these items must still be used with caution.

Grass growth must be maintained over the septic bed. Proper grading, which directs any surface water runoff away from the septic bed must be maintained. Sprinkler systems must **not** be installed in or over the septic bed area.

Please note that all septic systems do have limitations as to their use and capacity. It is the responsibility of the owner of the septic system to ensure that it is operated and maintained in accordance with the Ontario Building Code and all other applicable laws.

Name of Owner: _____ Date: _____

Signature of Owner: _____

This form is to be completed and provided to the Building Department prior to final approval being granted and the closing of the Septic Permit File.