



MUNICIPALITY OF

North Perth

SEPTIC BUILDING PERMIT

For a permit application related to the installation or modification of a septic system, please use the included package. Note that if you are constructing a new home, a separate permit specifically for the septic system must be submitted. Some sections of this application will require a designer or engineer. Additionally, the municipality requires that a soil analysis certificate be included with your permit application.

Below is a checklist for the information we require to be submitted for the application of the septic permit.

Septic Permit Application Package

1. Completed septic permit application consisting of:

Schedule 1: Designer Information

Schedule 2: Sewage System Installer Information

Schedule 3: Design Specifications *(to be completed by Designer)*

"Owners Authorization for Agent to Make an Application" , *if applicable*

Conservation Authority approval, *if applicable*

2. The following list outlines the required documents to be included with your permit application. Please use the attached forms to provide the necessary information

Site plan

Dimensions of the lot (length and width)

Location and dimensions of the septic system including loading area and 15m mantle

Location and size of proposed and existing buildings, decks or pools

Location of wells (including neighboring wells), easements, (hydro, right-of-way, etc.), and driveways

Topographical features including slope and direction of flow

Clearance distances, per OBC, from septic system to wells, structures, property lines, lakes, streams, ponds, rivers, or springs

Cross Section Plan

Design of sewage system including dimensions and elevations in relation to existing grade

Depth to bedrock and/or water table

Dimensions of septic system and description of material to be used

Soil Analysis –qualified testing location analysis of native and imported materials prior to installation inspection

Calculations - provide design criteria, fixture unit count and septic system calculations

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: _____ (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 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				
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).			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			<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]			
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			
D. Declaration of Designer			
<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"> 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. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Designer </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

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?			
Yes (Continue to Section C)	No (Continue to Section E)	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>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>_____</p> <p style="text-align: center;">Date Signature of applicant</p>			

Schedule 3: Sewage System Design Specifications

Proposed Sewage System		<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> New Install	<input type="checkbox"/> Replacement	<input type="checkbox"/> Repair/Alteration	
Proposed Type of Sewage System			
<input type="checkbox"/> CLASS 2 – Greywater System		<input type="checkbox"/> CLASS 3 – Cesspool	
<input type="checkbox"/> CLASS 4 – Leaching Bed System		<input type="checkbox"/> CLASS 5 – Holding Tank	
Building Information			
Plumbing Fixtures			
Description	Existing	+	Proposed = Total x Fixture Units = Count
Example; Sink	0	+	1 = 1 x 1.5 = 1.5
Bathroom Group – Toilet/Sink/Shower		+	= x 6 =
Sinks/Wash Basins		+	= x 1.5 =
Bathtub/Showers		+	= x 1.5 =
Toilets (flush tank)		+	= x 4 =
Dishwasher		+	= x 1.5 =
Laundry Tub/Washing Machine		+	= x 1.5 =
Other:		+	= x =
TOTAL FIXTURE UNITS			=
FINISHED FLOOR AREA = _____ m ²			
Design Flow Calculations (Q)			
BEDROOM FLOWS			
A	# of Bedrooms	Volume (Litres)	Total Flow
	1 Bedroom	750	
	2 Bedrooms	1100	
	3 Bedrooms	1600	
	4 Bedrooms	2000	
	5 Bedrooms	2500	
ADDITIONAL FLOW FOR:			
B	Each Bedroom over 5 OR*	500	
	C	Each 10m ² over 200m ² - 400m ²	100
Each 10m ² over 400m ² - 600m ²		75	
Each 10m ² over 600m ² OR*		50	
D	Each Fixture over 20 Fixture Units	50	
DESIGN FLOW "Q" Q = A + (B or C or D) A = _____ B = _____ C = _____ D = _____ EXPECTED DAILY DESIGN SEWAGE FLOW (Q) = _____ Liters Per Day			
Septic Tank Size (Working Capacity)		<input type="checkbox"/> New	<input type="checkbox"/> Existing <input type="checkbox"/> Replacement
Proposed/Existing Working Capacity = _____ Litres (2 x Q for Residential)			

Schedule 3: Sewage System Design Specifications

Percolation Rate (T)							
A percolation test or a sieve analysis must be completed on the property that the proposed septic system is to be installed.							
Percolation Test Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (sieve analysis of native soil MUST be completed and attached to permit application)							
*** Requirements for "Percolation Test Procedure" are attached.							
Percolation Rate of Native Soil T = _____ min/cm				Percolation Rate of Imported Soil T = _____ min/cm			
Test Pit							
A test pit should be dug at the location of the proposed leaching bed to observe subsoil profile and groundwater conditions. Test pits should be a minimum of 1m wide and 1.5m deep.							
Soil Type	Coarse Gravel, No Fines	Gravel, Some Small Rocks	Gravel-Sand Mix, Some Fines	Sand, Fairly Uniform, Some Fines	Sandy-Loam Mix	Silty-Loam, Almost Clay	Clay Smears Well, Rolls into Ribbons
Percolation Rate (T)	0 to 1	1 to 5	5 to 10	10 to 15	15 to 25	25 to 50	>50

Soil Depth (meters)	Soil Type (See Above)	Percolation Rate (T)	Depth of Rock/Impervious Soil/Groundwater table
0.2			
0.4			
0.6			
0.8			
1.0			
1.2			
1.4			
1.6			

Topsoil to be removed: Depth: _____ m
Usable Existing Soil: Depth: _____ m
Excavation of Existing Soil: Depth: _____ m
Imported Fill: Depth: _____ m

Schedule 3: Sewage System Design Specifications

ABSORPTION TRENCH	<input type="checkbox"/> In-ground	<input type="checkbox"/> Raised	<input type="checkbox"/> Partially Raised
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Length of Distribution Pipe:

$$L = \frac{Q \times T}{200}$$

$$L = \text{_____} \text{ m}$$

FILTER BED	<input type="checkbox"/> In-ground	<input type="checkbox"/> Raised	<input type="checkbox"/> Partially Raised
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Effective Area :

If $Q \leq 3000L$ $A = Q/75$

Effective Area = _____ m^2

If $Q > 3000L$ $A = Q/50$

Effective Area = _____ m^2

Extended Contact Area:

$$A = \frac{Q \times T}{850}$$

$$\text{Extended Contact Area} = \text{_____} \text{ m}^2$$

MANTLE/LOADING AREA

Loading Rates (LR)
Fill-Based Trenches and Filter Beds
(Table 8.7.4.1. A OBC)

Percolation Time of Soil (T) min/cm	Loading Rates ($L/m^2/day$)
$1 < T \leq 20$	10
$20 < T \leq 35$	8
$35 < T \leq 50$	6
$T > 50$	4

$$\text{Loading Area} = Q/LR$$

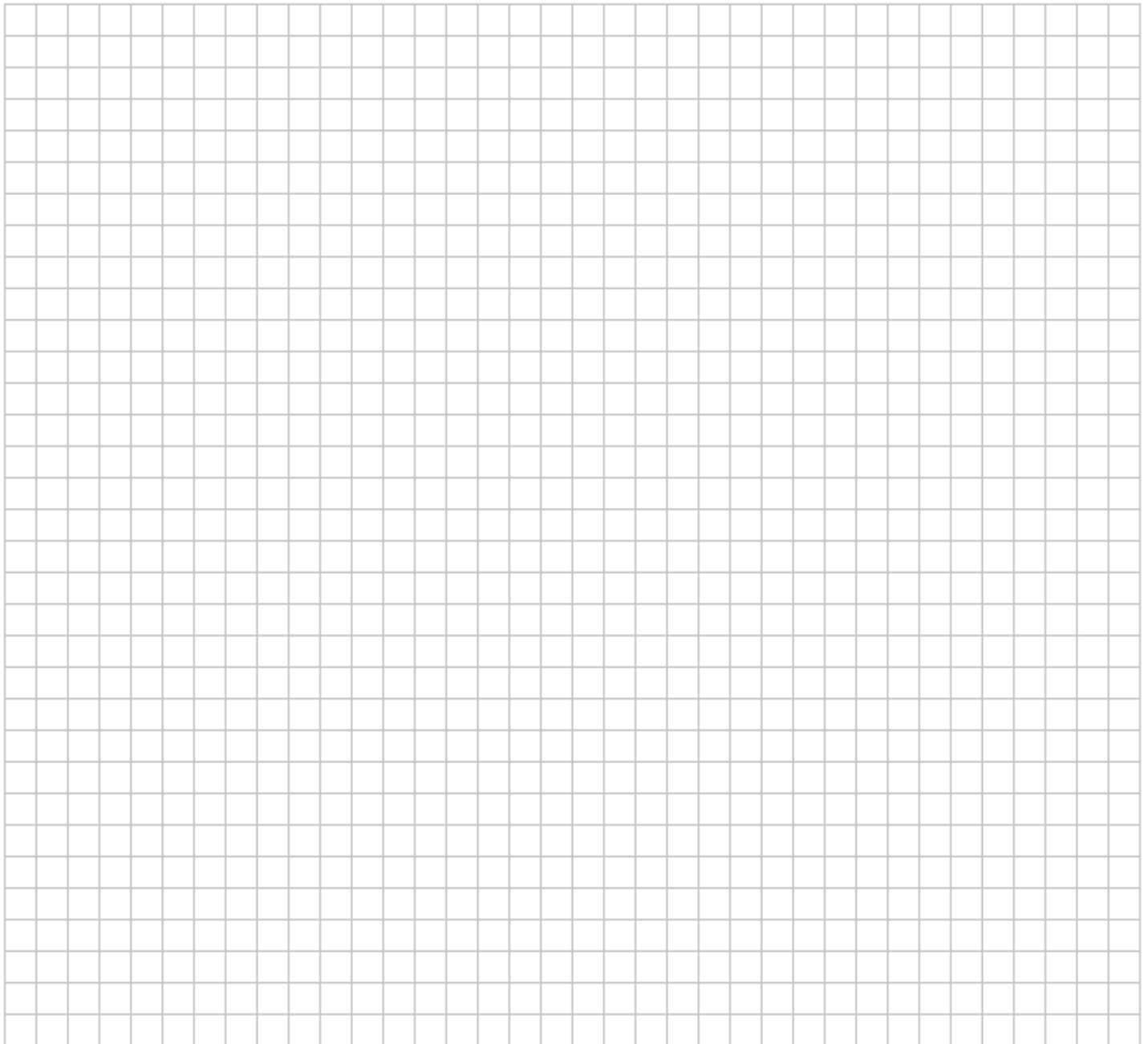
$$\text{Loading Area} = \text{_____} \text{ m}^2$$

Schedule 3: Sewage System Design Specifications

SEWAGE SYSTEM SITE PLAN

A site plan is required and must contain the following information:

- Dimensions of the lot (length and width)
- Location & dimensions of the septic system including loading area and 15m mantle
- Location and size of proposed & existing buildings, decks, or pools
- Location of wells (including neighbouring wells), easements(hydro, right of way etc.) & driveways
- Topographical features including slope and direction of flow
- Clearance distances as per OBC from septic system to wells, structures, property lines, lakes, streams, ponds, rivers, or springs



Schedule 3: Sewage System Design Specifications

SEWAGE SYSTEM CROSS SECTION

A cross section is required and must contain the following information:

- Design of the sewage system including dimensions and elevations in relation to existing grade
- The depth to bedrock and/or water table
- Dimensions of septic system and description of material to be used
- Mantle soil/fill properties

