Chatham-Kent
Cultivating Growth, Shore to Shore
Building Development Services
315 King Street West
P.O. Box 640 Chatham, Ontario N7M5K8
Tel: (519) 360-1998 Fax: (519) 436-3215

☐ **Lot within Plan of Subdivision** ☐ **Existing In-fill Lot**

Application for a Permit to Construct or Demolish

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

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

☐ 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

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 *Ontario New Home Warranties Plan Act*? If no, go to section G.	☐ Yes	☐ No
ii. Is registration required under the *Ontario New Home Warranties Plan Act*?	☐ 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 *Building Code Act, I992*, 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 *Building Code Act, 1992.*	☐ 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 *Building Code Act, 1992* 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 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:

I_____declare that: (print name)

☐ 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;

OR

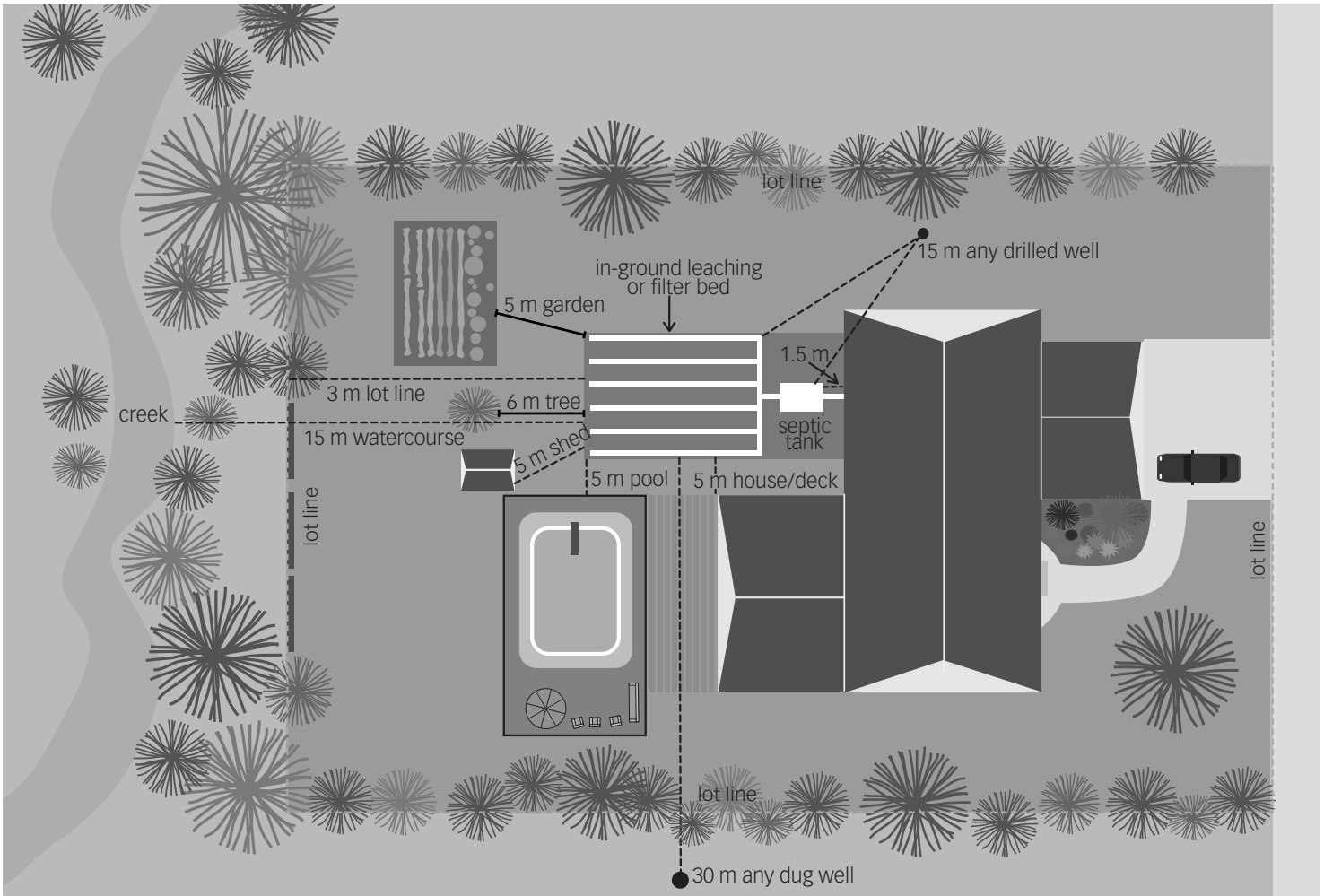
☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

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.

_____ _____

Date Signature of applicant



Artwork courtesy of *Septic Smart — Understanding Your Home's Septic System*

If you take care of your septic system, you will save yourself time, money and worry. Failed systems can be hazardous to the environment and your pocketbook. It can degrade water supplies and reduce your property value. Here are some valuable tips to ensure the longevity of your system:

- **Do** familiarize yourself with the location of your septic system and, if it has one, the electrical control panel.
- **Do** divert surface water away from your leaching bed.
- **Do** pump out your septic tank on a regular basis (3–5 years).
- **Do** repair leaky plumbing fixtures.
- **Do** conserve water to reduce the amount of wastewater that must be treated.
- **Do** replace old toilets with a low-flush model.
- **Do** keep lint out of your septic system by cleaning the lint filters on your washing machine.
- **Do** keep the tank access lid secure to the riser at all times.
- **Do** keep an "as built" system diagram along with records of septic system maintenance and service calls in a safe place for reference.
- **Do** consider how changing the use of your home or building will impact the septic system.
- **Don't** flush hazardous chemicals, cigarette butts, sanitary products or pharmaceuticals.
- **Don't** use a garbage disposal/garburator.
- **Don't** plant trees or shrubs too close to the septic system or leaching bed.
- **Don't** use special additives that are touted to enhance the performance of your tank or system.
- **Don't** leave interior faucets on to protect water lines during cold spells. Instead, properly insulate or heat your faucets and plumbing.
- **Don't** dig without knowing the location of your septic system.
- **Don't** drive over your septic tank or any buried components in your sewage system.
- **Don't** connect rain gutters, storm drains or allow surface water to drain into a sewage system.
- **Don't** discharge water softener backwash to the septic system unless your system has been designed for it.
- **Don't** enter a tank. Gases and lack of oxygen can be fatal.

OntarioOnsite WastewaterAssociation

Established in 1999, the Ontario Onsite Wastewater Association (OOWA) is dedicated to providing access to a large network of onsite wastewater professionals.

OOWA members include:

- Septic Installers
- Septic Inspectors/Regulators
- Engineers
- Designers
- Manufacturers
- Septic Pumpers
- Researchers/Academics

Looking for an onsite professional? Visit www.oowa.org

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On-Site Sewage System Worksheet

A. Purpose of application

Proposal to: ☐ install ☐ repair ☐ replace

Type of system: ☐ class 2 ☐ class 3 ☐ class 4 ☐ class 5

Address	City/town

B. Individual responsible for site evaluation

Individual is: ☐ owner ☐ installer ☐ designer

Company or individual name

Address	Unit no.	
City/town	Postal code	Province

Telephone number	E-mail

C. Soil investigation report

Address	City/town

Soil type	Depth of high ground-water table (below existing grade)

Number of samples	1	2	3	T-time (T) to be used
Estimated percolation rate				

Date of assessment

Individual name	signature

D. Water supply at property

☐ Existing municipal service
☐ Proposed municipal service
☐ Drilled well with minimum 20m watertight casing
☐ Shallow well
☐ Surface water
☐ Other:

* Note the requirement for the type and location of any well on any adjacent property to also be indicated on site plan

E. Determine number of dwelling fixture units (if applicable)

Type of fixture	No. within dwelling	No. of units per fixture	Equal to	Total fixture units
full bathroom group		6.0	=	
any additional: sink		1.5	=	
tub or shower		1.5	=	
toilet		4.0	=	
bidet		1.0	=	
laundry tub		1.5	=	
washing machine		1.5	=	
dishwasher		1.5	=	
kitchen sink		1.5	=	
floor drain		3.0	=	
other:			=	
total number of fixture units within dwelling unit			=	

F. Determine design flow (select the applicable establishment type and show related design flow calculation(s))

note: where multiple calculations of sanitary sewage volume is permitted, the calculation resulting in the highest flow shall be used in determining the design daily *sanitary sewage* flow.

Establishment type	Volume	No.	Equal to	Total volume
Dwelling a) 1 bedroom	750		=	
b) 2 bedroom	1100		=	
c) 3 bedroom	1600		=	
d) 4 bedroom	2000		=	
e) 5 bedroom	2500		=	
+ additional flow for A) each bedroom over 5	500		=	
or B) each 10m2 over 200m2 up to 400 m2	100		=	
each 10m2 over 400m2 up to 600m2	75		=	
each 10m2 over 600m2	50		=	
or C) each fixture unit over 20 fixture units	50		=	
Total dwelling design flow (dwelling type + A or B or C above)			=	

F. continued - Determine design flow (select the applicable establishment type and show related design flow calculation(s))				
Establishment type	Volume	No.	Equal to	Total volume
Apartments, Condominiums, Multi-family Dwellings - per person	275		=	
Boarding Houses a) Per person i) with meals and laundry facilities, **or**	200		=	
ii) without meal or laundry facilities, **and**	150		=	
b) Per non-resident staff per 8 hour shift	40		=	
Boarding School - per person	300		=	
Hotels and Motels (excluding bars and restaurants) a) Regular, per room	250		=	
b) Resort hotel, cottage, per person	500		=	
c) Self service laundry, add per machine	2500		=	
Work Camp/ Construction Camp, semi-permanent per worker	250		=	
Airport/Bus/Train/Dock/Port Facilities (Food Services excluded) a) Per passenger, **and**	20		=	
b) Per employee per 8 hour shift	40		=	
Assembly Hall - per seat a) No food service, **or**	8		=	
b) Food service provided	36		=	
Barber Shop/Beauty Salon - per service chair	650		=	
Bowling Alleys (Food Service not included) - per lane	400		=	
Churches and Similar Places of Worship - per seat a) No kitchen facilities, **or**	8		=	
b) Kitchen facilities provided	36		=	
Country Club (excluding Food Service) a) Per resident,	375		=	
b) Per employee per 8 hour shift, **and**	50		=	
c) Per member or patron	40		=	
Day Care Facility per person (staff and children)	75		=	
Dentist Office a) Per wet service chair, **and**	275		=	
b) Per dry service chair	190		=	
Doctors Office a) Per practitioner, **and**	275		=	
b) Per employee per 8 hour shift	75		=	
Factory (no process/cleaning waters) - per employee per 8 hr shift a) No showers, **or**	75		=	
b) Including showers	125		=	
Flea Markets (open not more than 3 days per week) a) Per non-food service vendor space,	60		=	
b) Per food service establishment / 9.25 m 2 of floor space, **and**	190		=	
c) Per limited food service outlet	95		=	

F. continued - Determine design flow (select the applicable establishment type and show related design flow calculation(s))				
Establishment type	Volume	No.	Equal to	Total volume
Food Service Operations a) Restaurant (not 24 hour), per seat	125		=	
b) Restaurant (24 hour), per seat	200		=	
c) Restaurant on controlled-access highway, per seat	400		=	
d) Paper service restaurant, per seat	60		=	
e) Donut shop, per seat	400		=	
f) Bar and cocktail lounge, per seat	125		=	
g) Drive-in restaurant per parking space	60		=	
h) Take-out restaurant (no seating area) i) per 9.25 m2 of floor area, **and**	190		=	
ii) per employee per 8 hour shift	75		=	
i) Cafeteria - per meal	12		=	
j) Food outlet i) excluding delicatessen/bakery/meat department, per 9.25 m2 of floor space,	40		=	
ii) per 9.25 m2 of delicatessen floor space,	190		=	
iii) per 9.25 m2 of bakery floor space,	190		=	
iv) per 9.25 m2 of meat department floor space, **and**	380		=	
v) per water closet	950		=	
Hospitals - per bed a) Including laundry facilities, **or**	750		=	
b) Excluding laundry facilities	550		=	
Long-Term Care Homes, etc. - per bed	450		=	
Office Building a) Per employee per 8 hour shift, **or**	75		=	
b) Per each 9.3 m2 of floor space	75		=	
Public Parks a) With toilets only per person, **or**	20		=	
b) With bathhouse, showers, and toilets per person	50		=	
Recreational Vehicle or Campground Park a) Per site without water or sewer hook-up, **or**	275		=	
b) Per site with water and sewer hook-up	425		=	
Schools - per student a) Day school,	30		=	
b) With showers,	30		=	
c) With cafeteria, **and**	30		=	
d) Per non-teaching employee per 8 hour shift	50		=	
Service Stations (no vehicle washing) a) Per water closet, **and**	950		=	
i) per fuel outlet, **or**	560		=	
ii) per vehicle served	20		=	

F. continued - Determine design flow (select the applicable establishment type and show related design flow calculation(s))

Establishment type	Volume	No.	Equal to	Total volume
Shopping Centre (excluding food/laundry) - per 1.0 m2 of floor space	5		=	
Stadiums, Race Tracks, Ball Parks - per seat	20		=	
Stores a) Per 1.0 m2 of floor area , **or**	5		=	
b) Per water closet	1230		=	
Swimming and Bathing Facilities (Public) - per person	40		=	
Theatres a) Indoor, auditoriums per seat,	20		=	
b) Outdoor, drive-ins per space, **or**	40		=	
c) Movie theatres per seat	15		=	
Veterinary Clinics a) Per practitioner,	275		=	
b) Per employee per 8 hour shift, **and**	75		=	
c) Per stall, kennel or cage if floor drain connected	75		=	
Warehouse a) Per water closet, **and**	950		=	
b) Per loading bay	150		=	
Other: (supply reference documentation as per 8.2.1.3.(4))			=	
Total establishment design flow (total of all above)			=	
Total daily design flow (Q) to be used in system design			=	

G. Tank size and treatment information

☐ Septic tank ☐ Level IV treatment unit ☐ Holding tank

Minimum capacity:

☐ 3600L ☐ (Q) X 2 residential use ☐ (Q) X 3 non-residential use ☐ 9000L ☐ (Q) X 7 =

Manufacturer

Model no./tank capacity

Additional treatment information

H. Proposed system and calculations

Type of system:

☐ Filter bed
☐ Absorption trench
☐ Fill-based absorption trench
☐ Shallow buried trench
☐ Type A dispersal bed
☐ Type B dispersal bed
☐ Other:

Type of distribution:

☐ Distribution pipe
☐ Type I chamber
☐ Type II chamber
☐ Pressurized distribution
☐ Other:

Pump chamber required: ☐ Yes ☐ No Pump capacity:

H. continued - Proposed system and calculations

Show applicable system calculations below

T-time (T) to be used:

Design flow (Q) to be used:

Show applicable cross section detail below

I. Reference formula(s)

Filter bed:

EFFECTIVE AREA (m^2) = Q / 75
WHERE Q DOES NOT EXCEED 3000L / DAY

OR

EFFECTIVE AREA (m^2) = Q / 50
WHERE Q DOES EXCEED 3000L / DAY

OR

EFFECTIVE AREA (m^2) = Q / 100
WHERE A LEVEL II, LEVEL III OR LEVEL IV TREATMENT UNIT AS PER 8.6.2.2. IS USED

AND

CONTACT AREA (m^2) = Q (T) / 850
WHERE (T) IS THE LESSER OF 50 OR T-TIME OF THE UNDERLYING SOIL

AND

MINIMUM LOADING AREA REQUIREMENT	
UNDERLYING NATIVE SOIL	LOADING AREA (m^2)
SOIL (T) 1 – 20	Q / 10
SOIL (T) 21 – 35	Q / 8
SOIL (T) 36 – 50	Q / 6
SOIL (T) 51 +	Q / 4
LOADING AREA TO INCLUDE MINIMUM 15m MANTLE	

Absorption trench:

LENGTH (m) = Q (T) / 200
(DISTRIBUTION PIPE OR TYPE I CHAMBER)

OR

LENGTH (m) = Q (T) / 300
(TYPE II CHAMBER)

Fill-based absorption trench:

LENGTH (m) = Q (T) / 200
(DISTRIBUTION PIPE OR TYPE I CHAMBER)

OR

LENGTH (m) = Q (T) / 300
(TYPE II CHAMBER)

MINIMUM LOADING AREA REQUIREMENT	
UNDERLYING NATIVE SOIL	LOADING AREA (m^2)
SOIL (T) 1 – 20	Q / 10
SOIL (T) 21 – 35	Q / 8
SOIL (T) 36 – 50	Q / 6
SOIL (T) 51 +	Q / 4
LOADING AREA TO INCLUDE MINIMUM 15m MANTLE	

Type B dispersal bed:

AREA (m^2) = Q (T) / 400

OR CALCULATED USING BCMOH DESIGN MANUAL

ENSURE LINEAR LOADING RATE AND MAXIMUM WIDTH ARE NOT EXCEEDED AS PER OBC 8.7.8.3

Type A dispersal bed:

AREA OF STONE LAYER OR
AREA OF LEACHING CHAMBER

AREA (m^2) = Q / 75
WHERE Q DOES NOT EXCEED 3000L / DAY

OR

AREA (m^2) = Q / 50
WHERE Q DOES EXCEED 3000L / DAY

AREA OF SAND LAYER

AREA (m^2) = Q (T) / 850
WHERE UNDERLYING SOIL IS LESS THAN T-TIME 15

OR

AREA (m^2) = Q (T) / 400
WHERE UNDERLYING SOIL IS MORE THAN T-TIME 15
PLUS AREA TO INCLUDE 15m MANTLE EXTENSION

Shallow buried trench:

MINIMUM LENGTH OF SHALLOW BURIED TRENCH	
UNDERLYING NATIVE SOIL	MINIMUM LENGTH (m)
SOIL (T) 1 – 20	Q / 75
SOIL (T) 21 – 50	Q / 50
SOIL (T) 51 – 125	Q / 30

J. Proposed site plan

Please indicate the following (including all clearances):

- North point
- Property lines
- Existing or proposed buildings and structures
- Roads
- Driveways
- Trees
- Water course (lake, river, municipal drain)
- Septic/treatment/holding tank(s)
- Pump chamber
- Leaching bed and distribution lines w/ spacing
- Effective area and contact area (if applicable)
- Loading area including mantle
- Required metal detection
- Existing or proposed well(s) and/or water service line

Individual name	BCIN	Firm BCIN

Signature	Date