

For use by Principl 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 (if known)				
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. New home construction licensing requirement				
i. Is the proposed construction for a new home as defined in the <i>New Home Construction Licensing Act, 2017</i> ? If no, go to section G.			Yes	No
ii. Is a licence required under the <i>New Home Construction Licensing Act, 2017</i> ?			Yes	No
iii. If yes to (ii) provide licence 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.			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) - The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. - 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., 12th Floor. Toronto, ON M7A 2J3 (416) 585-6666.

BUILDING PERMIT LETTER OF AUTHORIZATION

Municipal Address: _____

I, _____ being the registered property owner of the
(Owners Name)

above noted property, hereby authorizes _____, to
(Agents Name)

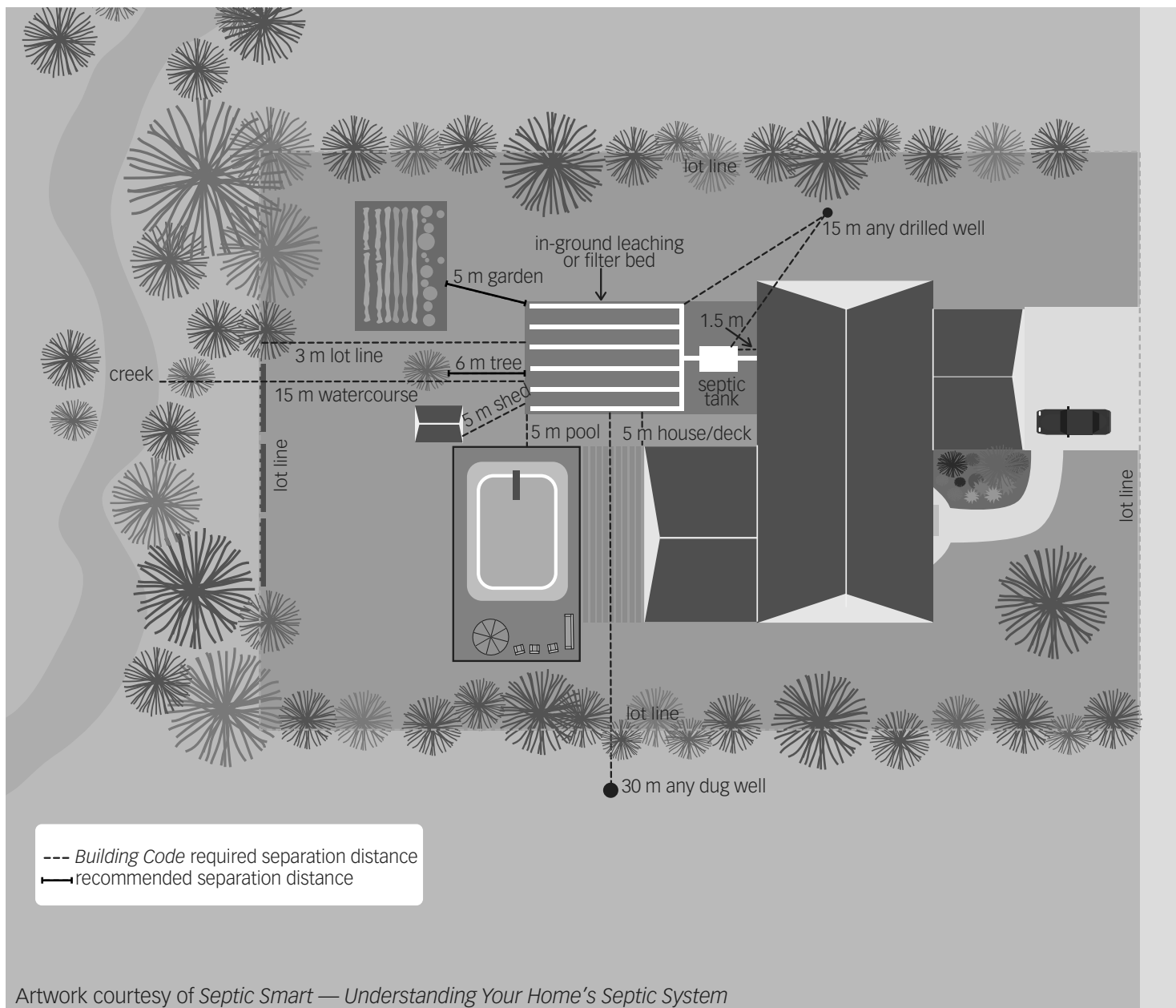
make application for a building permit on my behalf. It is understood that we will
abide by all by-laws and acts of the Municipality of Chatham-Kent and that any
approvals granted by this application will be carried out in accordance with the
municipal requirements.

(Owner's Signature)

(Date)

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; <u>OR</u> 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			



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.

Ontario Onsite Wastewater Association

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 Pumps
- ▶ Researchers/Academics

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

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		☐ Shallow well			
☐ Proposed municipal service		☐ Surface water			
☐ Drilled well with minimum 20m watertight casing		☐ 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 <i>sanitary sewage</i> 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	200		=	
i) with meals and laundry facilities, or				
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)	190		=	
i) per 9.25 m2 of floor area, and				
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	5		=	
a) Per 1.0 m2 of floor area , or				
b) Per water closet	1230		=	
Swimming and Bathing Facilities (Public) - per person	40		=	
Theatres	20		=	
a) Indoor, auditoriums per seat,				
b) Outdoor, drive-ins per space, or	40		=	
c) Movie theatres per seat	15		=	
Veterinary Clinics	275		=	
a) Per practitioner,				
b) Per employee per 8 hour shift, and	75		=	
c) Per stall, kennel or cage if floor drain connected	75		=	
Warehouse	950		=	
a) Per water closet, and				
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 (m²) = Q / 75
WHERE Q DOES NOT EXCEED 3000L / DAY

OR

EFFECTIVE AREA (m²) = Q / 50
WHERE Q DOES EXCEED 3000L / DAY

OR

EFFECTIVE AREA (m²) = Q / 100
WHERE A LEVEL II, LEVEL III OR LEVEL IV
TREATMENT UNIT AS PER 8.6.2.2. IS USED

AND

CONTACT AREA (m²) = 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 (m²) = 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 (m²) = Q / 75
WHERE Q DOES NOT EXCEED 3000L / DAY

OR

AREA (m²) = Q / 50
WHERE Q DOES EXCEED 3000L / DAY

AREA OF SAND LAYER

AREA (m²) = Q (T) / 850
WHERE UNDERLYING SOIL IS LESS THAN T-TIME 15

OR

AREA (m²) = 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 | ▪ Septic/treatment/holding tank(s) |
| ▪ Property lines | ▪ Pump chamber |
| ▪ Existing or proposed buildings and structures | ▪ Leaching bed and distribution lines w/ spacing |
| ▪ Roads | ▪ Effective area and contact area (if applicable) |
| ▪ Driveways | ▪ Loading area including mantle |
| ▪ Trees | ▪ Required metal detection |
| ▪ Water course (lake, river, municipal drain) | ▪ Existing or proposed well(s) and/or water service line |

Individual name

BCIN

Firm BCIN

Signature

Date