



Application for a Permit to Construct/Install - SEPTIC

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><u>OR</u></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>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			



Application for a Permit to Construct/Install - SEPTIC

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:		
***ALL INFORMATION WITH AN ** IS REQUIRED INFORMATION ***			
Application submitted to: <u>Township of Whitewater Region - Building Department</u> <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>			
A. Project information **			
Building number, street name	Unit number	Lot/con.	
Municipality	Postal code	Plan number/other description	
Project value est. \$	Area of work (sq ft)		
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 **				
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.



COPY OF PLOT PLAN

Please complete drawing below – this is your property. Draw existing buildings and proposed septic tank and bed location as requested on this application.

Scale is: _____

A large, empty rectangular box with a thin black border, intended for the applicant to draw the plot plan, including existing buildings and proposed septic tank and bed locations.

←←←←**Street is here**→→→→

Comment: _____



TOWNSHIP OF WHITEWATER REGION
 44 Main Street, PO Box 40
 Cobden, ON K0J 1K0
 P: 613-646-2282
 F: 613-646-2283
 www.whitewaterregion.ca

SEPTIC SYSTEM INSTALLER FORM

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Flush Tank Toilet			4	-	
Each Sink, Bathtub or Shower			1 1/2	-	
Dishwasher if direct connect			1 1/2	-	
Clothes Washing Machine			1 1/2	-	
Single or Double Laundry Tub			1 1/2	-	
Other				-	
HcHU':]l hi fYg'					

!!!!: CF 'G9K 5; 9 'GMGH9A!!!!

- Total floor area of all dwellings _____
- Total fixture units within all Buildings on the property (from section above) _____
- Total # of bedrooms on the property _____ daily flow rate _____ liters/day
- Existing soil conditions in sewage area:
 Soil Type _____
 Depth to bedrock/hardpan _____
 Depth to high water table _____
 Vegetation _____
- Describe mantel (down-slope area below sewage system) Existing Vegetation _____
 Soil Type _____ Depth _____ OR soil must be imported: Yes No

7 @ GG'C: 'GMGH9A 'f ca d'Yh'cbY!'fYZf'lc'h Y'CbHf]c'6i]X]b['7cXYL

Class 4 – Filter Bed (Proof of approved Filter Material must be provided):
 Area of Filter Medium (sq.M) _____
 No. of runs of tile _____ Header _____
 OR Distribution Box _____ Use of Existing Tank _____
 OR New Gov't approved _____ Concrete _____ Polyethylene _____ Size (L) _____

Class 4 – Trench Bed:
 Dug into existing soil _____ OR Imported Soil _____ Describe _____
 Total length of tile (M) _____ No. of runs of tile _____ Header _____
 OR Distribution Box _____ Use of existing tank _____
 OR New Gov't approved _____ Concrete _____ Polyethylene _____ Size (L) _____

Class 4 – Aerobic: Manufacturer & Model _____
 Daily Flow Rate Capacity (L) _____ Primary Tank _____
 Size (L) _____ Secondary Tank Size (L) _____ Bed Size (Sq.M.) _____

Class 4 – Other: Manufacturer & Model _____
 Other details _____ Daily Capacity (L) _____

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:

- 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.
- 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.



TOWNSHIP OF WHITEWATER REGION
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Septic Permit Application – Letter of Authorization

To Whom It May Concern:

I, _____ of _____ do hereby permit
(Owner's name) (Owner's Address)

_____ of _____
(Agent's name) (Agent's address)

to act as Authorized Agent in regards to applying for, and receiving of Septic Permits for the following project;

(Project Address)

(Owner's signature)

(Agent's signature)

(Date)