

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>OTTAWA SEPTIC SYSTEM OFFICE</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 | 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 <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G. | | | Yes | No |
| ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ? | | | 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). 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) | | | | |
| 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 | | | |
| I _____ declare that (choose one as appropriate): | | | |
| (print name) | | | |
| 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: _____ | | | |
| 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: _____ | | | |
| 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 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="margin-left: 40px;">(print name)</p> <p style="margin-left: 40px;">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 style="margin-left: 40px;">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="margin-left: 40px;">Date</p> <p style="margin-left: 150px;">Signature of applicant</p> | | | |



| |
|---|
| Do Not Complete Permit No _____ Revision No _____ Date _____ |
|---|

**Schedule 4
Proposed Services
Complete Sections 1 thru 7**

1. Engineered

- Yes
- No

2. Water supply

- Proposed
- Existing

3. Type of work proposed

- New Installation
- Replacement
- Alteration

4. Type of Well

- Dug/bored/Sandpoint well
- Drilled well
- Municipal
- Other

5. Residential Sewage Design Flow Info.

Bedrooms _____
House (floor area) _____ **m²**
People _____
Total Fixture Units _____ (Schedule 8)
Residential Flow _____ **L/day**

6. Sewage Design Flow Other Occupancies

Design Flow _____ L/day
 Detailed sewage flow calculations:

7. Type of System

- Treatment Unit _____
- Class 2 – Leaching Pit
- Class 3 – Cesspool
- Class 4 – Shallow Buried Trench

- Class 4 – Trench (Schedule 9)
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – Filter Media (Schedule 10)
 - Fully raised
 - Partially raised
 - In-ground

- Class 4 – BMEC Area Bed (Schedule 11)
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – “Type A” Dispersal (Schedule 13)
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – “Type B” Dispersal (Schedule 14)
 - Fully raised
 - Partially raised
 - In-ground
- Class 5 – Holding Tank (9000L min)
- Tank/TreatmentUnit/PumpChamber ONLY
- Effluent Filter/Risers ONLY



Do Not Complete
 Permit No _____
 Revision No _____
 Date _____

Schedule 5 Sewage System Details

Type of System _____ (Schedule 4)
 Septic/Holding Tank Size: _____ Litres Make: _____
 Septic Tank Effluent Filter Make: _____ Model: _____

Treatment Unit – Make & Model _____

Number of Units:

Other: _____

Refer to Typical Drawing #

Pump(s) required _____

Mantle Information:

Pump Rate _____ L/15min

Native or imported =15m in _____ direction(s)

Note: Alarm required for all pumping systems

Slope subgrade _____ % slope

_____ direction(s)

Site to be Scarified (If clay) YES / NO

Clay Seal Required (If bedrock) YES / NO

Trench

Distribution Pipe Length _____ m

Loading Area _____ m²

Type of Chamber _____

Length of Chamber _____ m

Shallow Buried Trench

Pipe Length _____ m

Filter Media Bed

Stone _____ m²

Extended Base _____ m²

Pipe _____ m

Weight of Filter Media _____ Kg

Loading Area _____ m²

BMEC Area Bed

Type A

Type B

Stone _____ m²

Sand _____ m²

Pipe _____ m

Linear Loading _____ L/m²

Tank/Treatment Unit/Pump Chamber Replacement ONLY

Effluent Filter & Riser ONLY

Construction Notes:



Do Not Complete
 Permit No _____
 Revision No _____
 Date _____

Schedule 6
Soil and Water Table Information
(Minimum depth of test pit: 2 metres)

| | |
|---|---|
| Name of Applicant/Agent: _____ Date: _____ Time: _____ Applicant/Agent Signature: _____ | Inspector: _____ Date: _____ Time: _____ Inspector Signature: _____ |
|---|---|

| EG (.....) Soil Description | T | EG (.....) Soil Description | |
|--------------------------------|---|--------------------------------|---|
| | T | | T |

| EG (.....) Soil Description | T | EG (.....) Soil Description | T |
|--------------------------------|---|--------------------------------|---|
| | T | | T |

LEGEND

| | | |
|--------------------------|--------------------------------|----------------------|
| BR = Bedrock | HGWT = High ground water table | EG = Existing grade |
| GWT = Ground water table | M = metres | T = percolation rate |



Do Not Complete
 Permit No _____
 Revision No _____
 Date _____

Scale: 1Block = _____

Schedule 7 Layout Section

N

○Dug Well ●Drilled Well ▲Neighbouring Homes ◇Benchmark ---Tile Drainage —Property Line

Elevations (metric only)

B.M _____ m

B.M Description _____

Exact Location _____

Min. of 5 elevations in proposed system area
(in X pattern)

X₁ _____ X₂ _____

X₃ _____ X₄ _____

X₅ _____ X_{6 (toe)} _____

X₇ _____ X₈ _____



Do Not Complete
Permit No _____
Revision No _____
Date _____

Schedule 8 Fixture unit count

| Fixtures | # Existing | + # Proposed | X | unit count | = | Fixture Count |
|---|------------|--------------|---|------------|-----|---------------|
| Bathroom | | | | | | |
| Bathroom group (toilet, sink and tub or shower) with flush tank | | + | | X | 6 | = |
| Bathtub with/without overhead shower | | + | | X | 1.5 | = |
| Shower stall | | + | | X | 1.5 | = |
| Wash basin (1½inch trap) | | + | | X | 1.5 | = |
| Watercloset (toilet) tank operated | | + | | X | 4 | = |
| Bidet | | + | | X | 1 | = |
| Kitchen | | | | | | |
| Dishwasher | | + | | X | 1 | = |
| Sink with/without garbage grinder(s), domestic and other small type single, double or 2 single with a common trap | | + | | X | 1.5 | = |
| Other | | | | | | |
| Domestic washing machine | | + | | X | 1.5 | = |
| Combination sink and laundry tray single or double (Installed on 1½ trap) | | + | | X | 1.5 | = |

***Total:**

***Insert the TOTAL in section 5 of Schedule 4 (O.Reg 151/13 Table 7.4.9.3)**

1. Sump pumps and floor drains are not to be connected to the sewage system. Connection of such fixtures to a sewage system may lead to a hydraulic failure of the said system. The above mentioned fixtures should be discharged separately to an approved Class 2 (leaching pit) sewage system.
2. Where laundry waste is not more than 20% of the total daily design sanitary sewage flow, it may discharge to a sewage system (Part 8, OBC, 8.1.3.1(2)).

Agent/Owner signature

Date



PLAN

mantle required: Yes

No

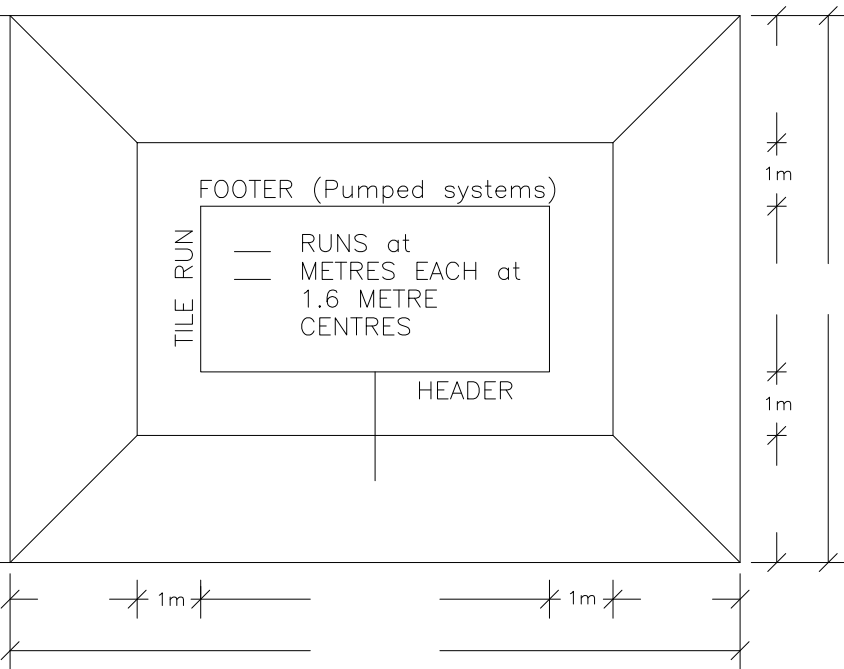
scarification required: Yes

No

clay seal required: Yes

No

LOADING AREA = _____m²



NOT TO SCALE

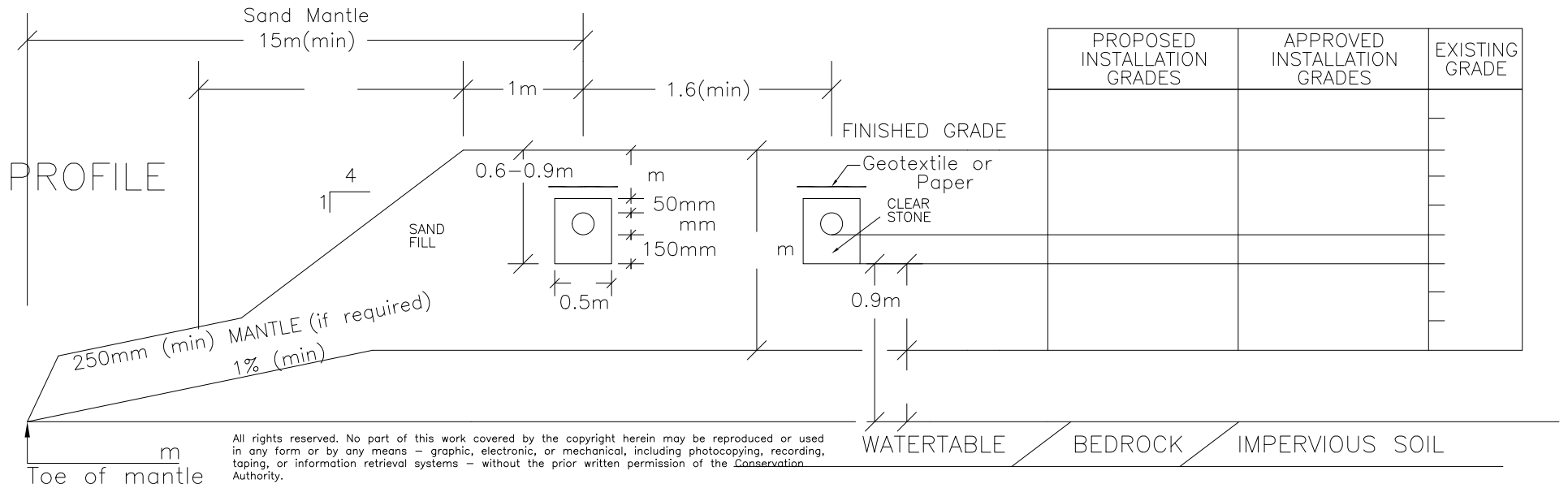


Ottawa Septic System Office Bureau des systèmes septiques d'Ottawa

SCHEDULE 9 – TYPICAL DRAWING A BURIED OR RAISED TILE BED – ABSORPTION TRENCH METHOD

MANAGER, O.S.S.O.

DATE



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PLAN

mantle required: Yes

No

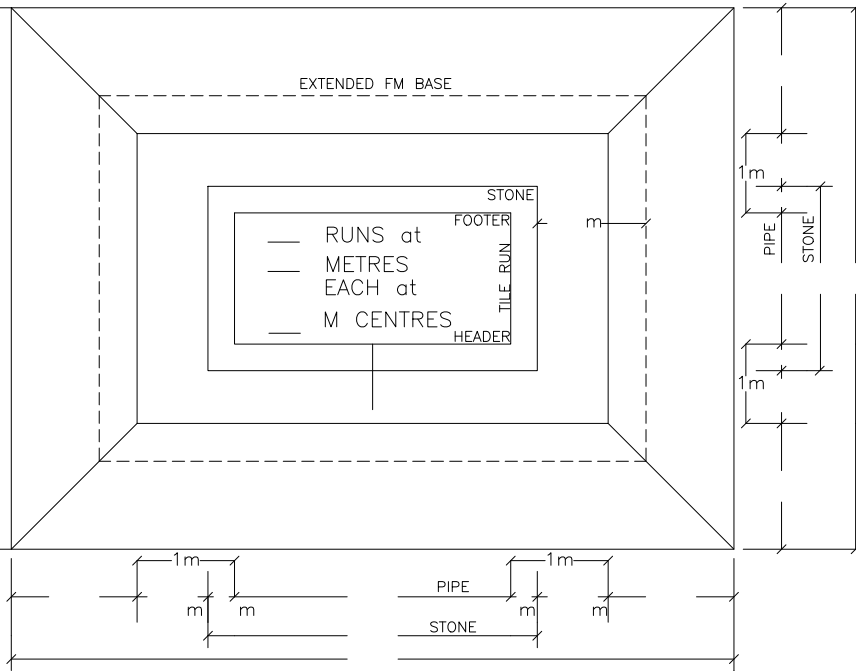
scarification required: Yes

No

clay seal required: Yes

No

SAND LAYER = _____m²



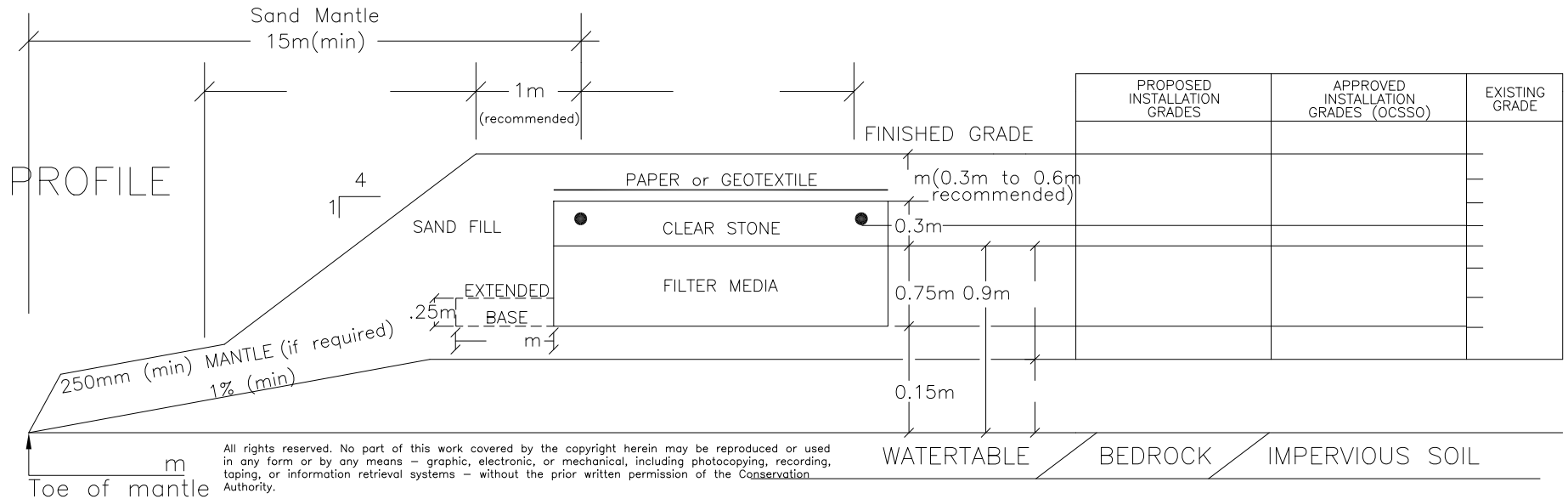
Ottawa Septic System Office Bureau des systèmes septiques d'Ottawa

SCHEDULE 10 – TYPICAL DRAWING B
BURIED OR RAISED TILE BED – FILTER MEDIA METHOD

MANAGER, O.S.S.O.

DATE

NOT TO SCALE



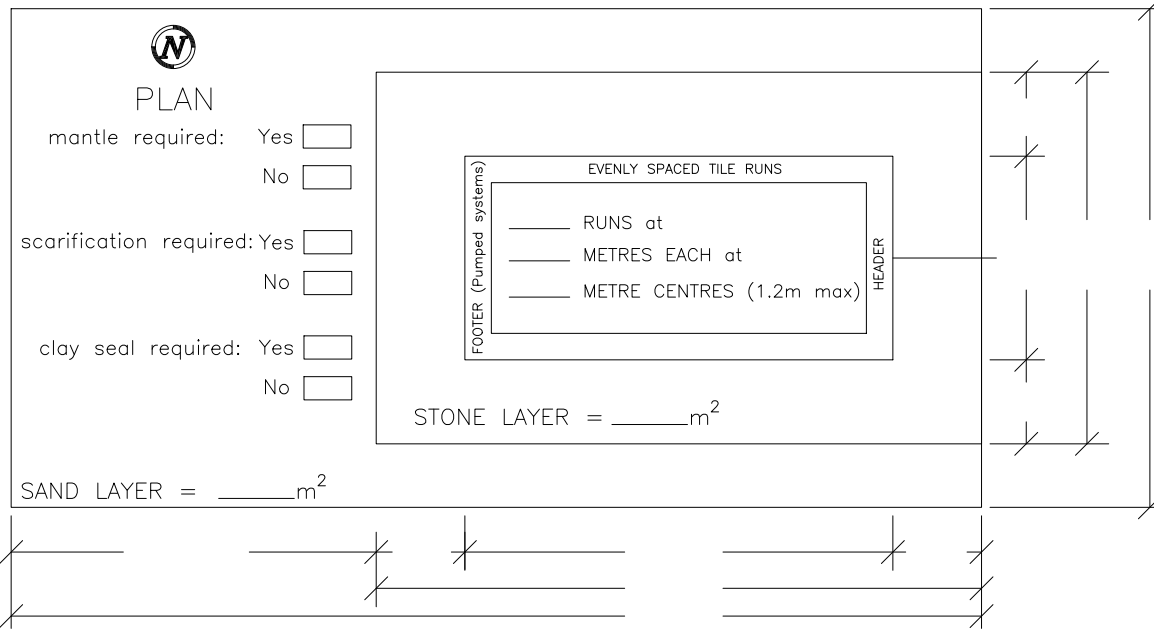
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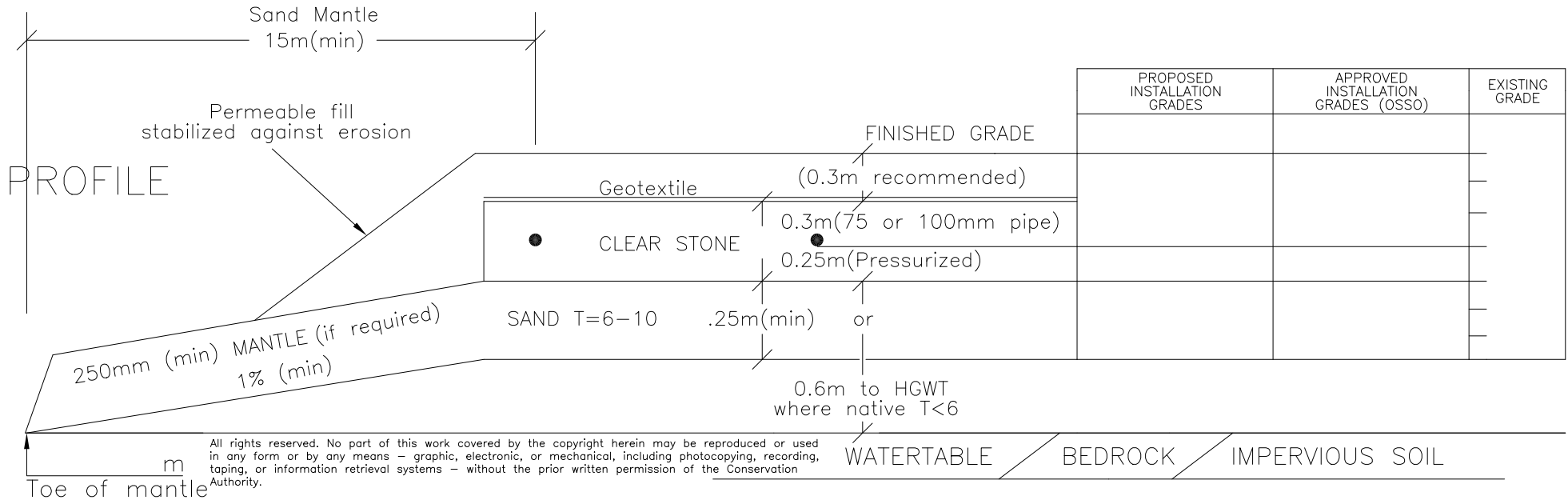
SCHEDULE 11 – TYPICAL DRAWING C
BURIED OR RAISED TILE BED – AREA BED METHOD
BMEC

MANAGER, O.S.S.O.

DATE



NOT TO SCALE



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MANAGER, O.S.S.O. _____ DATE _____



PLAN

mantle required: Yes

No

scarification required: Yes

No

clay seal required: Yes

No

BIOFILTER

STONE LAYER = _____m²

SAND LAYER = _____m²

NOT TO SCALE

Sand Mantle
15m(min)

Permeable fill
stabilized against erosion

PROFILE

Geotextile

Topsoil

BIOFILTER

FINISHED GRADE

INLET INVERT

CLEAR STONE

0.2m(min)

SAND T=6-10

.3m

or

0.6m to HGWT
where native T<6

250mm (min) MANTLE
(if required)

1% (min)

| PROPOSED INSTALLATION GRADES | APPROVED INSTALLATION GRADES (OSSO) | EXISTING GRADE |
|------------------------------------|---|-------------------|
| | | |
| | | |
| | | |
| | | |

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WATERTABLE

BEDROCK

IMPERVIOUS SOIL

Toe of mantle _____m



PLAN

mantle required: Yes

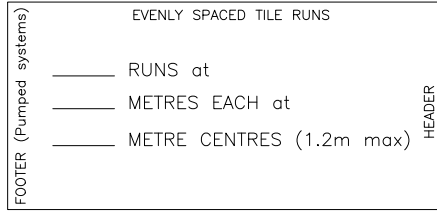
No

scarification required: Yes

No

clay seal required: Yes

No



STONE LAYER = ____m²

SAND LAYER = ____m²



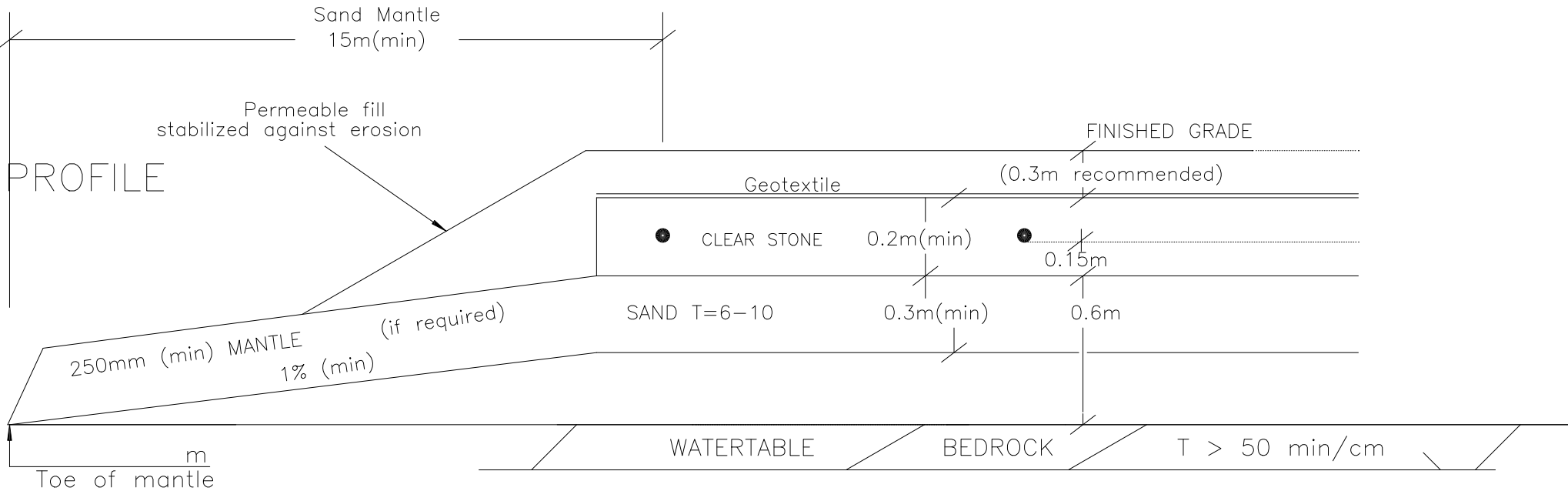
Ottawa Septic System Office Bureau des systèmes septiques d'Ottawa

SCHEDULE 13 – TYPICAL DRAWING E
Type A Dispersal Bed

MANAGER, O.S.S.O.

DATE

NOT TO SCALE





PLAN

mantle required: Yes

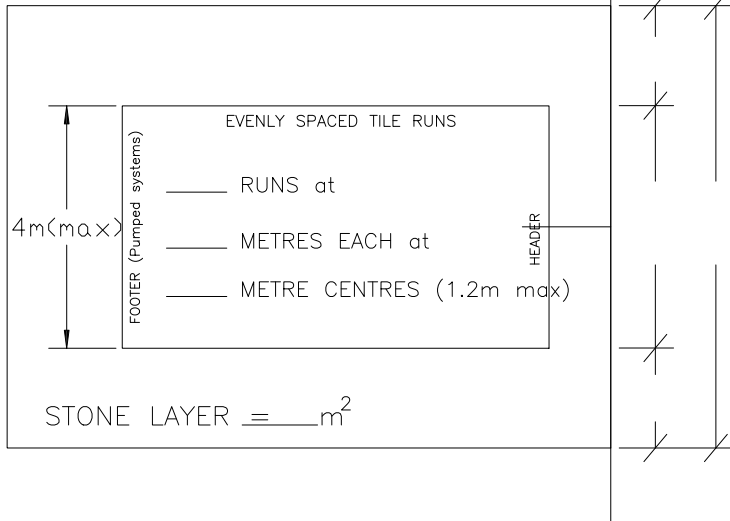
No

scarification required: Yes

No

clay seal required: Yes

No



Ottawa Septic Bureau des systèmes
System Office septiques d'Ottawa

SCHEDULE 14 – TYPICAL DRAWING F Type B Dispersal Bed

MANAGER, O.S.S.O. _____ DATE _____

PROFILE

