

# Septic Permit Application

a) This application applies to buildings that require sewage systems with a maxium total daily design sanitary sewage discharge not exceeding 10,000 litres/day.

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## **Septic Permit Application**

#### A. <u>Time Frame for Septic Permit Issuance</u>

This table is for information only to explain the time allowed for review of a septic permit application for a permit to be issued or refused.

#### B. Checklist for Septic Permit Applications

Review the Checklist For Septic Permit Applications. Missing information or incomplete applications may result in a delay of the issuance of the permit.

#### C. Declaration of Applicant

The Declaration of Applicant must be completed to obtain a permit.

#### D. Application for a Permit to Construct

The Application for a Permit to Construct or Demolish must be completed. Also required are one copy of a site plan, & one complete set of construction drawings.

#### E. Schedule 2 & 2a: Sewage System Install Permit

This schedule, as well as the Application for a Permit to Construct or Demolish, must be completed to obtain a sewage system permit. Licensed Sewage System Installers must ensure that their registration number is recorded in Section C of Schedule 2.

#### F. Plumbing Permit Information

This schedule, as well as the Application for a Permit to Construct, must be completed to obtain a septic permit.

#### G. Site Diagram Information

Please complete attached form and include all information as listed on sheet and as appropriate.

## TIME FRAME FOR THE ISSUANCE OF BUILDING PERMITS

A building permit shall be issued in accordance with Table 2.4.1.1B of the Building Code unless:

- (a). the proposed building, construction or demolition will contravene the Building Code Act, the Building Code, or any other applicable law;
- (b). the applicant is a builder or vendor as defined in the Ontario New Home Warranties Plan Act and is not registered under that Act;
- (c). a person who prepared drawings, plans, specifications or other documents or gave an opinion concerning the compliance of the proposed building or construction with the building code does not have the applicable qualifications, if any, set out in the building code or does not have the insurance, if any, required by the building code;
- (d). the plans review certificate, if any, required for the application does not contain the prescribed information;
- (e). the application for the permit is not complete; or
- (f). any fees due have not been paid.

| Row      | Class of Building  | Time Period |
|----------|--|-------------|
|          | Olass of Dullding  | Time Fenod  |
| Number   |  |             |
| 1        | (a). A detached house, semi-detached house, townhouse or row<br>house where no dwelling unit is located above another dwelling<br>unit.                            |             |
|          | <ul> <li>(b). A detached structure that serves a building described in Clause</li> <li>(a) and does not exceed 50 m<sup>2</sup> in building area.</li> </ul>       | 10 days     |
|          | (c). A tent to which Section 3.13 of the building code applies.  |             |
|          | (d). A sign to which Section 3.14 of the building code applies.  |             |
| 2        | (a). Buildings described in Clauses 2.1.1.3.(1)(a),(b) and (c) (Part 9 buildings) other than buildings described in Column 2 of any of Rows 1 and 4 of this table. | 15 days     |
|          | (b). Farm buildings that do not exceed 600 m <sup>2</sup> in building area.  |             |
| 3        | (a). Buildings described in Clause 2.1.1.2.(1)(a) or (b) (Part 3 buildings), other than buildings in Column 2 of any of Rows 1 and 4 of this table.                | 20 days     |
|          | (b). Farm buildings exceeding 600 m <sup>2</sup> in building area.   |             |
| 4        | (a) Post-disaster buildings.   |             |
|          | (b). Buildings to which Subsection 3.2.6. (high buildings and Group B<br>buildings) or any provision in articles 3.2.8.2 to 3.2.8.11 applies.                      | 30 days     |
| Column 1 | Column 2   | Column 3    |

## Table 2.4.1.1B

#### The period within which a building permit shall be issued or refused.

The time period above begins on the day on which a permit for the construction of a sewage system serving the building (if required) is issued as per 2.4.1.1B. (9)(c). The period within which a permit for a septic system shall be issued or refused is based on the class of building in the above table as per 2.4.1.1B. (8)(b).

## B. Septic Permit Application

#### To be completed by the Applicant:

| PROJECT ADDRESS<br>Building No. | Street Name: | Unit No.: | <u>DATE</u> : |
|---------------------------------|--------------|-----------|---------------|
| PROJECT DESCRIPTI               | <u>ON</u> :  |           |               |

#### The Applicant must check the following items:

|  | Is the application for the permit completed fully and signed? |
|--|---|
|--|---|

□ Is the Plumbing Information completed fully, if applicable?

- Is Schedule 2 Sewage System Installer and Schedule 2a Septic Information completed fully and signed, if applicable?
- Are 2 copies of a site plan attached showing lot umber, address, building location, setbacks, lot dimensions, septic system, water well, easements and right-of-ways, driveway entrance, utilities, topographical features, etc?
- Are 2 copies of the architectural drawings attached? Floor plan of each floor, foundation plan, elevations, finished basement plan if applicable.
- External approvals attached?
- Minor variance, zoning approval, if applicable
- Conservation Authority approval, if applicable
- Site plan approval from planning department, if applicable.

#### Incomplete or missing items may cause delay in the processing of your permit.

| BUILDING INSPECTOR'S COMMENTS: | DATE APPLICATION RECEIVED: |
|--------------------------------|----------------------------|
|                                |                            |
|                                |                            |
|                                |                            |
|                                |                            |
|                                |                            |
|                                |                            |
|                                |                            |
|                                |                            |
|                                |                            |
|                                |                            |
|                                |                            |

### <u>C.</u> Declaration of Applicant

#### Section A

| Is this project a commercial, agricultural, or industrial application? | Yes | Νο |
|--|-----|----|
| Does the proposal involve fuel handling/storage ≥15,000 litres?        | Yes | Νο |
|  |     |    |

| Section B  |     |    |
|--|-----|----|
| Are there any hydro poles/hydro easements on this property?                  | Yes | No |
| Is there any gas or oil or any other utility easement on this property?      | Yes | No |
| Are there any Right-of-Way accesses on this property?                        | Yes | No |
| Are there any easements (of any nature) on this property?                    | Yes | No |
| Are there any closed private/municipal drains on this property?              | Yes | No |
| Are there any agreements/leases attached to title (i.e. wind, gas/oil etc.)- | Yes | No |

If you answered <u>YES</u> to any of the questions in <u>Section B</u> - you are required to clearly indicate on your site/plot/lot diagram the location of such items and provide sufficient documentation where <u>applicable/requested</u>.

#### Section C

I understand that property locates are my sole responsibility. Yes No I understand it is my sole responsibility to ensure all substantial completion inspections (as outlined in the issued permit) are requested with 48 hours' notice, carried out and approved prior to proceeding to the next stage of construction. Yes No

I understand that I will be responsible to remit all applicable fees prior to my permit being officially issued and further I may be subject to the said fees if my application is denied, revoked or cancelled (by myself), as per the applicable building permit by-law. Yes No

| Ι, _ | certify that:   |
|------|---|
|      | (Print name)  |
| 1.   | The information contained in this declaration, application, attached plans and specifications, and other attached |

- documentation is true to the best of my knowledge.As the Owner/Agent/Contractor I take responsibility to ensure compliance to all federal, provincial and municipal legislation and or regulations prior to, during and after construction.
- I will not hold The County of Lambton or its employees liable for any actions by myself resulting in; non-issuance of a permit, revoking of a permit, civil action and or possible fine.
- 4. I have authority to bind the corporation or partnership (if applicable).

(Date)

(Signature of Applicant)

Personal information contained in this form and schedules is collected under the authority of Section 7 Subsections 8(2) of the Building Code Act, 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 to which this application is being made.

Please Note: This declaration must be completed in its entirety prior to the issuance of a building/plumbing/septic permit, no exceptions.

# 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 r      | number (if differe   | nt):             |                     |                       |
| Date received:                         |                   |            | Roll nur      | nber:                |                  |                     |                       |
|  | ality, upper-ti   | er mun     | icipality, bo | ard of health or cor | nservation       | authority)          |                       |
| A. Project information                 |                   |            |               |                      |                  |                     |                       |
| Building number, street name           |                   |            |               |                      |                  | Unit number         | Lot/con.              |
| Municipality                           | Postal            | code       |               | Plan number/ot       | ther desc        | ription             |                       |
| Project value est. \$                  |                   |            |               | Area of work (m      | n <sup>2</sup> ) |                     |                       |
| B. Purpose of application              |                   |            |               |                      |                  |                     |                       |
| New construction Addition              | to an<br>building |            | Altera        | tion/repair          | D                | emolition           | Conditional<br>Permit |
| Proposed use of building Curre         |                   | ent use of | building      |                      |                  |                     |                       |
| Description of proposed work           |                   |            |               |                      |                  |                     |                       |
| C. Applicant Applicant is:             | Owner             | r or       |               | Authorized a         |                  |                     |                       |
| Last name                              | First na          | me         |               | Corporation or       | partnersh        | nip                 |                       |
| Street address                         |                   |            |               |                      |                  | Unit number         | Lot/con.              |
| Municipality                           | Postal            | code       |               | Province             |                  | E-mail              |                       |
| Telephone number<br>(  )               | Fax<br>(     )    | )          |               |                      |                  | Cell number<br>( )  |                       |
| D. Owner (if different from applicant) |                   |            |               |                      | <u>I</u>         |                     |                       |
| Last name                              | First na          | me         |               | Corporation or       | partnersł        | nip                 |                       |
| Street address                         |                   |            |               |                      |                  | Unit number         | Lot/con.              |
| Municipality                           | Postal            | code       |               | Province             |                  | E-mail              |                       |
| Telephone number<br>(  )               | Fax<br>( )        | )          |               |                      |                  | Cell number<br>(  ) |                       |

Application for a Permit to Construct or Demolish - Effective January 1, 2014

| E. Builder (optional)  |                               |                               |                       |              |  |
|--|-------------------------------|-------------------------------|-----------------------|--------------|--|
| Last name  | First name                    | Corporation or partners       | hip (if applicable)   |              |  |
|  |                               |                               |                       | 1            |  |
| Street address   |                               |                               | Unit number           | Lot/con.     |  |
| Municipality   | Postal code                   | Province                      | E-mail                |              |  |
| Municipanty  | FUSIAI COUE                   | FIOVINCE                      |                       |              |  |
| Telephone number   | Fax                           |                               | Cell number           |              |  |
| ( )  | ( )                           |                               | ( )                   |              |  |
| F. Tarion Warranty Corporation (Ontari   | o New Home Warrant            | y Program)                    |                       |              |  |
| i. Is proposed construction for a new hon<br>Plan Act? If no, go to section G.   | ne as defined in the Onta     | rio New Home Warranties       | S Y                   | es No        |  |
| ii. Is registration required under the Ontai   | rio New Home Warranties       | s Plan Act?                   | Y                     | es No        |  |
|  |                               |                               |                       | I            |  |
| iii. If yes to (ii) provide registration number  | r(s):                         |                               |                       |              |  |
| G. Required Schedules  |                               |                               |                       |              |  |
| i) Attach Schedule 1 for each individual who rev   | views and takes responsi      | bility for design activities. |                       |              |  |
| ii) Attach Schedule 2 where application is to con  | struct on-site, install or re | epair 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).  | application and required      | a schedules, and all requir   | eu                    |              |  |
| 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.  |                               |                               |                       |              |  |
| 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>   |                               |                               |                       |              |  |
| iii) This application is accompanied by the information and documents prescribed by the applicable by-<br>Yes No.  |                               |                               |                       |              |  |
| 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.<br>iv) The proposed building, construction or demo  | lition will not contravene    | any applicable law.           | V                     | es No        |  |
|  |                               |                               |                       |              |  |
| I. Declaration of applicant  |                               |                               |                       |              |  |
|  |                               |                               |                       |              |  |
| 1  |                               |                               | de                    | clare that:  |  |
| (print name)   |                               |                               | uu                    |              |  |
|  |                               |                               |                       |              |  |
| 1. The information contained in this applic documentation is true to the best of my  |                               | s, attached plans and spe     | ecifications, and oth | ier attached |  |
| 2. If the owner is a corporation or partners   |                               | 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   | lunicipality Postal code Plan number/ other desc                               |                          |                     | iption   |  |  |
| 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?<br>Yes (Continue to Section C) No (Continue to Section E) Installer unknown at time of application (Continue to Section E) |  |                          |                     |          |  |  |
| C. Registered installer information  | on (where answ   | er to B is "Yes")        |                     |          |  |  |
| Name   |  |                          | BCIN                |          |  |  |
| Street address   |  |                          | Unit number         | Lot/con. |  |  |
| Municipality   | Postal code  | Province                 | E-mail              |          |  |  |
| Telephone number<br>(  )   | Fax<br>( )   |                          | Cell number<br>(  ) |          |  |  |
| D. Qualified supervisor informati  | on (where answ   | wer to section B is "Yes | ")                  |          |  |  |
| Name of qualified supervisor(s)  | Name of qualified supervisor(s)     Building Code Identification Number (BCIN) |                          |                     |          |  |  |
|  |  |                          |                     |          |  |  |
| E. Declaration of Applicant:   | E. Declaration of Applicant:   |                          |                     |          |  |  |
| I  |  |                          |                     |          |  |  |
| 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   | Date Signature of applicant  |                          |                     |          |  |  |

### E. SCHEDULE 2 (a) Residential Septic System Building Permit Application Information

To be completed by Licensed Installer or Owner

| Propert            | y Location (9-1-1 Address)                                  |                                  |   |
|--------------------|---|----------------------------------|---|
| Date               |   | _                                |   |
| i)                 | Number of bedrooms, all floors, includir                    | ng unfinished bedrooms           |   |
| ii)                | Total Fixture Units – Use "Total Fixture Permit Application | Unit Count" number from Plumbing |   |
| iii)               | Total Finished Floor Area – Sum of all f                    | loors excluding basement         | m²  |
| iv)                | Water Supply:Private We                                     | II Municipal Waterline           |   |
| Soil Ty            | De  | _ Depth of Water Table           |   |
| Depth o            | of Clay   | _                                |   |
| Class o<br>Specify | <u> </u>  |                                  |   |
| <u>Class 4</u>     | Filter Bed  | Class 4 Trench Bed               | <u>Class 4 Treatment Uni</u> t                  |
|                    | _ Raised  | Raised                           | Туре  |
|                    | Partially Raised  | Partially Raised                 |   |
|                    | _ Inground  | Inground                         |   |
|                    |   |                                  | Manufacturer's<br>Information Attached<br>YesNo |
| Tank S             | izeL  | Tank SizeL                       | Tank SizeL                                      |
| Bed Siz            | zeM <sup>2</sup>  | Trench Number                    | _   |
|                    |   | Trench Length                    | M   |

Please note: A site inspection of a test pit by a County sewage system inspector is required before a septic system building permit may be issued. The applicant must post the attached Lot Identification Card in a visible location close to the test pit on the subject property.

Provide a site plan showing lot number, address, building location, setbacks, lot dimension, septic system layout, water well location, driveway entrance, utilities and topographical features.

Provide diagram of system (including dimensions, cross section & elevation of bed & contact area)

**Note:** A sewage system permit **will be revoked** <u>after</u> twelve months if the system has not been completed and approved. One extension may be granted at the discretion of the Building Services Department, provided the extension is requested prior to date of expiry. Septic systems shall not be installed from December 15<sup>th</sup> to April 1<sup>st</sup>, unless approval is given by the Chief Building Official.

## F.

# **PLUMBING INFORMATION**

| Owner Name: | Address of Proposed Work: |
|-------------|---------------------------|
| Plumber:    | Municipality:             |

Please list the number of fixtures per floor on the following chart.

| FLOOR                                     | Basement | 1             | 2                          | 3 | 4 | Total<br>Number    | х  | Fixture<br>Units | Total<br>Fixture<br>Units |
|---|----------|---------------|----------------------------|---|---|--------------------|--|------------------|---------------------------|
| Water closet                              |          |               |                            |   |   |                    | x  | 4                |                           |
| Bath tub                                  |          |               |                            |   |   |                    | х  | 1.5              |                           |
| Wash basin                                |          |               |                            |   |   |                    | x  | 1.5              |                           |
| Kitchen sink                              |          |               |                            |   |   |                    | х  | 1.5              |                           |
| Laundry tubs                              |          |               |                            |   |   |                    | x  | 1.5              |                           |
| Floor drain                               |          |               |                            |   |   |                    | х  | 2                |                           |
| Showers                                   |          |               |                            |   |   |                    | х  | 1.5              |                           |
| Urinal                                    |          |               |                            |   |   |                    | х  | 1.5              |                           |
| Clothes washer                            |          |               |                            |   |   |                    | х  | 1.5              |                           |
| Dish washer –<br>domestic                 |          |               |                            |   |   |                    | х  | .5               |                           |
| Other sinks                               |          |               |                            |   |   |                    | х  | 1.5              |                           |
| Drinking fountain                         |          |               |                            |   |   |                    | x  | .5               |                           |
| Hot water heater                          |          |               |                            |   |   |                    | x  |                  |                           |
| Sewage Pump                               |          |               |                            |   |   |                    | х  |                  |                           |
| Grease Interceptor                        |          |               |                            |   |   |                    | х  |                  |                           |
| Other fixtures                            |          |               |                            |   |   |                    | х  |                  |                           |
| TOTAL                                     |          |               | Total Fixture Unit Count   |   |   |                    |  |                  |                           |
| No. of Dwelling Units<br>Soil Vent Stacks |          |               | R.W.L.<br>Sanitary Lateral |   |   |                    | Water Lines<br>Oil Interceptor<br>Backflow Preventer |                  |                           |
| Catch Basin<br>Lawn Sprinkler Syst        | Stor     | Storm Lateral |                            |   |   | DAUNIUW FIEVEIILEI |  |                  |                           |

Signature

Date

## G. LOT DIAGRAM AND SEWAGE SYSTEM PLAN:

Draw to scale and indicate the direction of north. Please demonstrate:

- 1) Location of sewage system components (i.e. tanks, leaching beds)
- Horizontal distances from system to adjacent existing or proposed buildings, well water supplies (including neighbours'), existing on-site sewage systems, driveways, property lines, swimming pools and watercourses (including ditches).
- 3) Lot dimensions, roads and topographic features (i.e. steep slopes, swamps)

