



COUNTY OF  
LAMBTON

## **BUILDING SERVICES DEPARTMENT**

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# **Septic Permit Application**

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

**April/09**

# Septic Permit Application

## A. Time Frame for Septic Permit Issuance

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. 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.

## D. 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.

## E. Plumbing Permit Information

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

## F. Site Diagram Information

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

## A.

### 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.

**Table 2.4.1.1B**

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

Row Number	Class of Building	Time Period
1	(a). A detached house, semi-detached house, townhouse or row house where no dwelling unit is located above another dwelling unit. (b). A detached structure that serves a building described in Clause (a) and does not exceed 50 m <sup>2</sup> in building area. (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.	10 days
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. (b). Farm buildings that do not exceed 600 m <sup>2</sup> in building area.	15 days
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. (b). Farm buildings exceeding 600 m <sup>2</sup> in building area.	20 days
4	(a) Post-disaster buildings. (b). Buildings to which Subsection 3.2.6. (high buildings and Group B buildings) or any provision in articles 3.2.8.2 to 3.2.8.11 applies.	30 days
Column 1	Column 2	Column 3

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:

<b>PROJECT ADDRESS</b>			<b>DATE:</b>
Building No.	Street Name:	Unit No.:	
<b>PROJECT DESCRIPTION:</b>			

### 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 number, 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.**

<b>BUILDING INSPECTOR'S COMMENTS:</b>	<b>DATE APPLICATION RECEIVED:</b>

# Application for a Permit to Construct or Demolish

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

<b>For use by Principal Authority</b>	
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)

<b>Project information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (m <sup>2</sup> )	
<b>Applicant is:</b> Applicant <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 (    )	
<b>Owner (if different from applicant)</b>			
Last name		First name	Corporation or partnership
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
<b>Builder (optional)</b>			
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 (    )	
<b>Purpose of application</b>			
<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			

## 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): \_\_\_\_\_

### Attachments

- i. Attach documents establishing compliance with applicable law as set out in Article 1.4.1.3. of Division A.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

### Declaration of applicant

I \_\_\_\_\_ certify 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., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

## Schedule 2: Sewage System Installer Information

<b>Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>Sewage system installer</b>			
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)			
<b>Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (     )	Fax (     )	Cell number (     )	
<b>Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>Declaration of Applicant:</b>			
<p>I _____ declare that:</p> <p style="margin-left: 100px;">(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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Date</span> <span>Signature of applicant</span> </p>			

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

To be completed by Licensed Installer or Owner

Property Location (9-1-1 Address) \_\_\_\_\_

Date \_\_\_\_\_

i) Number of bedrooms, all floors, including unfinished bedrooms \_\_\_\_\_

ii) Total Fixture Units – Use “Total Fixture Unit Count” number from Plumbing Permit Application \_\_\_\_\_

iii) Total Finished Floor Area – Sum of all floors excluding basement \_\_\_\_\_ m<sup>2</sup>

iv) Water Supply . Private Well \_\_\_\_\_ Municipal Waterline \_\_\_\_\_

Soil Type \_\_\_\_\_ Depth of Water Table \_\_\_\_\_

Depth of Clay \_\_\_\_\_

Class of Sewage System Other Than Class 4

Specify Class: \_\_\_\_\_

Design: \_\_\_\_\_

Class 4 Filter Bed

\_\_\_\_\_ Raised  
\_\_\_\_\_ Partially Raised  
\_\_\_\_\_ Inground

Class 4 Trench Bed

\_\_\_\_\_ Raised  
\_\_\_\_\_ Partially Raised  
\_\_\_\_\_ Inground

Class 4 Treatment Unit

Type \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Manufacturer's Information Attached  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Tank Size \_\_\_\_\_ L

Tank Size \_\_\_\_\_ L

Tank Size \_\_\_\_\_ L

Bed Size \_\_\_\_\_ M<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** after 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.

## E.

### PLUMBING INFORMATION

Owner Name:	Address of Proposed Work:
<b>Plumber:</b>	Municipality:

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

FLOOR	Basement	1	2	3	4	Total Number	X	Fixture Units	Total Fixture Units
Water closet							X	4	
Bath tub							X	1.5	
Wash basin							X	1.5	
Kitchen sink							X	1.5	
Laundry tubs							X	1.5	
Floor drain							X	2	
Showers							X	1.5	
Urinal							X	1.5	
Clothes washer							X	1.5	
Dish washer – domestic							X	.5	
Other sinks							X	1.5	
Drinking fountain							X	.5	
Hot water heater							X		
Sewage Pump							X		
Grease Interceptor							X		
Other fixtures							X		
<b>TOTAL</b>							<b>Total Fixture Unit Count</b>		

No. of Dwelling Units	R.W.L.	Water Lines
Soil Vent Stacks	Sanitary Lateral	Oil Interceptor
Catch Basin	Storm Lateral	Backflow Preventer
Lawn Sprinkler System		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**F.**  
**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)
- 2) 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)

