



**Building Services**  
 1084 Elizabeth St, Box 89  
 Sharbot Lake ON, K0H 2P0  
 613-279-2935 Ext 258  
[ds@centralfrontenac.com](mailto:ds@centralfrontenac.com)



**SEWAGE SYSTEM APPLICATION CHECKLIST**

**All applications will require the bolded items listed below.**

- 1) Fee payment (cash, debit, cheque, or credit card)
- 2) Completed Review of Performance Level application package:
  - a) Project information page
  - b) Existing and proposed Daily Design Sewage Flow (Schedule 1)
  - c) Plot/site plan showing distances from all lot lines, high water mark, overhead power lines and all buildings (Schedule 2)
  - d) Floor plan layout of all floors of the dwelling labelled as to what the use is (ie: bedroom, kitchen) and listing the type of plumbing fixture(s) per room (ie: sinks, toilets, tubs/showers, etc).
  - e) Agent/Owner Authorization letter
- 3) Conservation Authority, MNR, Agriculture, or MOE approvals (where applicable)
- 4) A separate calculation page will be required if the sewage system includes non-residential occupancies
- 5) Copy of Tax bill or Deed (proof of land ownership)
- 6) Survey of property (upon request)
- 7) Site Plan or Development Agreement (if required from Planning Services)

**The reason for the review of performance level of the existing on-site sewage system is:**

**MINOR VARIANCE APPLICATION:**

**BUILDING ADDITION:** Bedrooms Plumbing fixtures Living space

**CHANGE OF USE or OCCUPANCY:** Residential to Non-Residential  
 Non-Residential to Other Non-Residential

**Directions to lot or property address:**

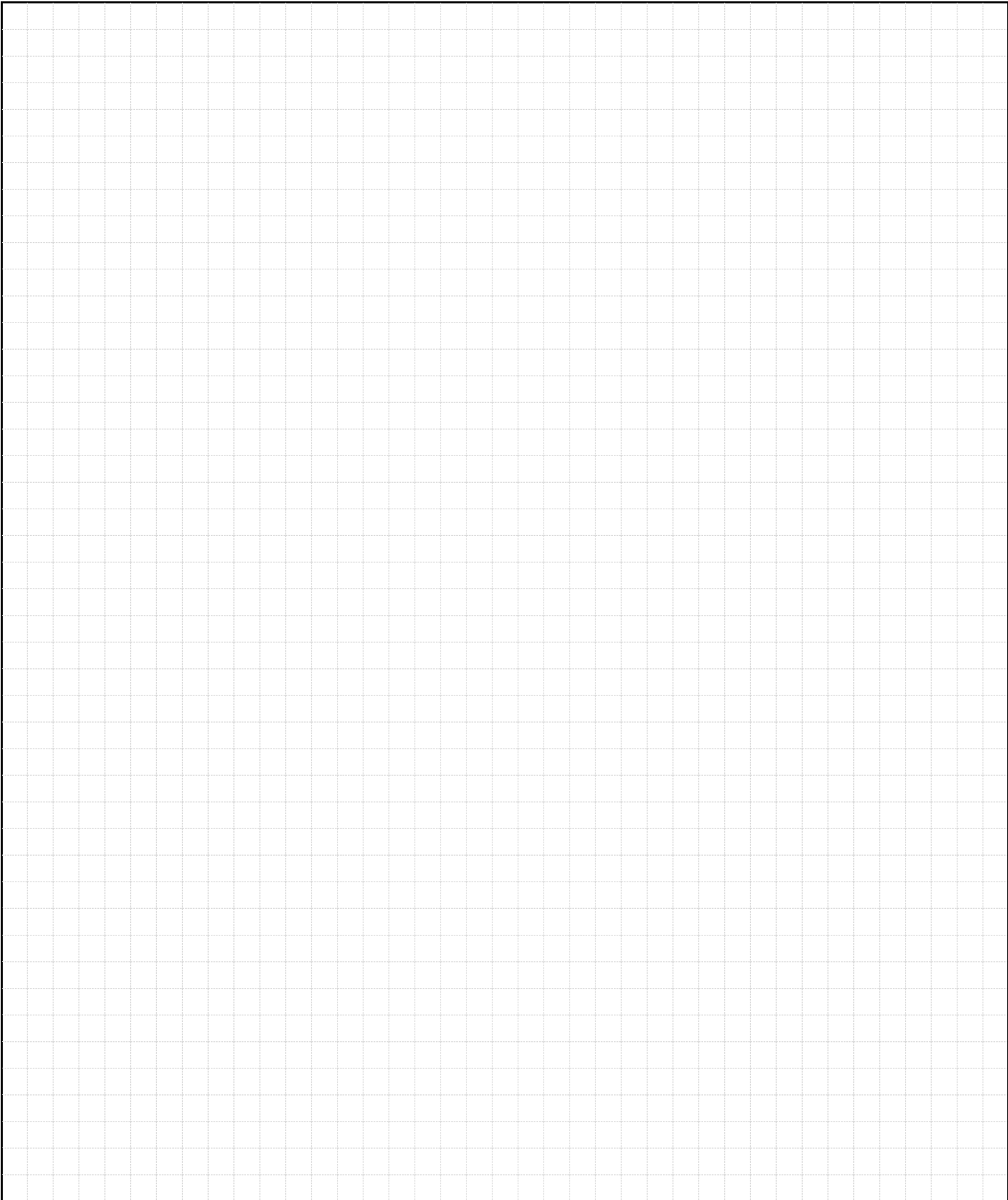


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**Schedule 2: Site Plan Diagram**





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### Agent/Owner Authorization Form

#### A. Project Information

Street Address: \_\_\_\_\_

Proposed project:

\_\_\_\_\_  
\_\_\_\_\_

#### B. Party to be authorized

Name: \_\_\_\_\_

Corporation or Partnership: \_\_\_\_\_

Address: \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

#### C. Declaration of Owner

I, \_\_\_\_\_, being the Registered Owner of the above property hereby authorize the party stated in Section B of this form to make application for permit on my behalf to Building Services of the Township of Central Frontenac in accordance with the applicable requirements of the Ontario Building Code for the purpose of the identified project.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The Ontario Building Code states that “owner includes, in respect of the property on which the construction or demolition will take place, the registered owner, a lessee or mortgagee in possession”.

**Note:** This form is valid only for one access to Building Permit record application. Subsequent applications by an authorized agent will require a new agent authorization form completed by the current property owner.