



Building Services

1084 Elizabeth St, Box 89
Sharbot Lake ON, K0H 2P0
613-279-2935 ext 258
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 – in person)
- 2) Completed Sewage System permit application package:
 - a) **Proposed Sewage System Design**
 - b) **Plot/site plan showing distances from lot lines, high water mark, overhead Hydro lines and all buildings**
 - c) **Cross-section drawing of Sewage System**
 - d) **Floor plan layout of all floors of the dwelling labelled as to what the use is (ie: bedroom, kitchen), showing the type of plumbing fixture, and listing the existing fixtures per room (ie: sinks, toilets, tubs/showers, etc).**
 - e) **Completed Sewage System Setback Waiver/Inspection Requirements form**
 - f) **Completed Agent/Owner Authorization letter**
- 3) Copy of Deed or Tax bill (proof of land ownership)
- 4) Survey of property (upon request)
- 5) Conservation Authority, MNR, Agriculture or MOE approvals (where applicable)
- 6) Site Plan or Development Agreement (if required from Planning Services)

Note: The Inspector may determine other documents are required during their review.

PROPOSAL FOR CLASS 2 & 3 SEWAGE SYSTEM BUILDING PERMIT

NOTE: The property owner, applicant, designer and installer of the sewage system retain full responsibility to ensure that the sewage system is designed and installed in accordance with the approved plans, the *Building Code Act*, and the Ontario Building Code.

If the listed applicant is not the property owner, please provide a **Letter of Authorization** from the registered property owner.

Complete applications should be submitted electronically as a PDF to ds@centralfrontenac.com; pictures not accepted.

Alternatively, you can mail/drop off your application form to: Township of Central Frontenac
Building Services
1084 Elizabeth St, Box 89
Sharbot Lake, ON K0H 2P0

Directions to lot:

Owner communication method: E-mail Mail Pick Up
Installer communication method: E-mail Mail Pick Up

The proposed system will be (check appropriate box):

- CLASS 2: GREYWATER PIT
 CLASS 3: CESSPOOL

Test Holes:

- Excavated to 1.5 metres (5 feet) deep
OR until bedrock
 Located in leaching pit area
 Covered / protected from precipitation, collapse, fall hazards

Leaching Pit Area:

- Leaching pit area **clearly marked** with stakes, paint, or other method

Items Included in Submitted Proposal:

Floor Plans (required):

- One (1) copy of floor plans including all levels of the structure, no larger than 11" x 17"

Letter of Authorization:

- Included with this application

Application for a Permit to Construct or Demolish

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:		
Application submitted to: _____ <u>Township of Central Frontenac</u> _____			
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			
<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 (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.			<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.

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:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d) 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?			
<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 style="text-align: center;"><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 style="text-align: center;">_____</p> <p style="text-align: center;">Date Signature of applicant</p>			

Schedule 3: Site Evaluation Form

Water Supply: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing			
<input type="checkbox"/> Lake	<input type="checkbox"/> Drilled well	<input type="checkbox"/> Dug well	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Shore well	Casing depth: _____ m	<input type="checkbox"/> Sandpoint	

APPROXIMATE SOIL PERCOLATION RATES (T-time)

The following are **estimated** ranges of soil percolation rates (T-times) measured in a rate of min/cm. Actual on-site soil conditions may vary significantly from estimates; it can be difficult to tell a 30 from a 50 just by looking at it.

Estimated T-times shall be determined by samples analyzed by the Unified Soil Classification System, the Soil Texture Classification from the USDA Soil Survey Manual, or percolation tests being conducted on in-situ soils.

Disputes about estimated T-times shall be resolved by sending in-situ soil samples to a Canadian Council of Independent Laboratories testing firm at the applicant's cost. The T-time will be determined by the falling head test and grain size analysis; the percent passing the 75 µm #200 sieve is to be included for silt content.

Soil Type	Sand	Sandy Loam	Loam	Silty Loam	Clay Loam	Silt - Clay	Clay
T-time (min/cm)	10	12 - 20	17 - 25	20 - 30	30 - 40	40 - 50	50+

Sub-surface conditions encountered:		Applicant's Use		Approved by Inspector
Indicate <u>depth</u> to bedrock, T>50, &/or high ground water table (where present):	<u>Depth (m)</u>	<u>Soil type</u>	<u>T-time</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTED SEPTIC STONE AND LEACHING BED FILL CERTIFICATION

I, _____ (Registered Installer under Section 3.3 of the Building Code Act), verify that the material used in the construction of the sewage system, under the application herein, meets the requirements of the Ontario Building Code, the percolation rate identified on the application and the soils analysis provided to the Township of Central Frontenac for:

NAME / NUMBER OF LICENSED AGGREGATE PIT	TYPE OF MATERIAL	T-TIME / SILT CONTENT	LAST TESTING DATE (d/m/y)
		/	/ /
		/	/ /
		/	/ /

Note: *Leaching bed fill* means soil used for the construction of conventional and chamber leaching beds, filter beds, dispersal beds, and area beds as prescribed under specific Building Materials Evaluation Commission authorizations. It may not include a requirement for other soils as prescribed by treatment unit manufacturers; check with the manufacturer before installation. The silt content of leaching bed fill must be included in the analysis.

The Township of Central Frontenac may require you to submit soil samples for analysis.

Licensed installer's signature

Date

Schedule 4B: Design Criteria

DESCRIPTION	DWELLING				OTHER: _____			
	Total # of Existing	Total # of Proposed	# UNITS PER FIXTURE	TOTAL FIXTURE UNITS	Total # of Existing	Total # of Proposed	# UNITS PER FIXTURE	TOTAL FIXTURE UNITS
Bathtub or shower			x 1.5 =				x 1.5 =	
Additional sinks			x 1.5 =				x 1.5 =	
Kitchen sink			x 1.5 =				x 1.5 =	
Dishwasher			x 1.0 =				x 1.0 =	
Clothes Washer			x 1.5 =				x 1.5 =	
Laundry tub			x 1.5 =				x 1.5 =	
Other: _____			x . =				x . =	
FIXTURE UNITS	Total:				Total:			
FINISHED FLOOR AREA m²	Existing	Proposed	Total		Existing	Proposed	Total	
# OF BEDROOMS			Total:				Total:	

DESIGN FLOW CALCULATION TABLE				
Residential Occupancy			Volume (L)	Flows
Pressurized water supply (A)	Per fixture unit		200	
No pressurized water supply (B)	Per fixture unit		125	

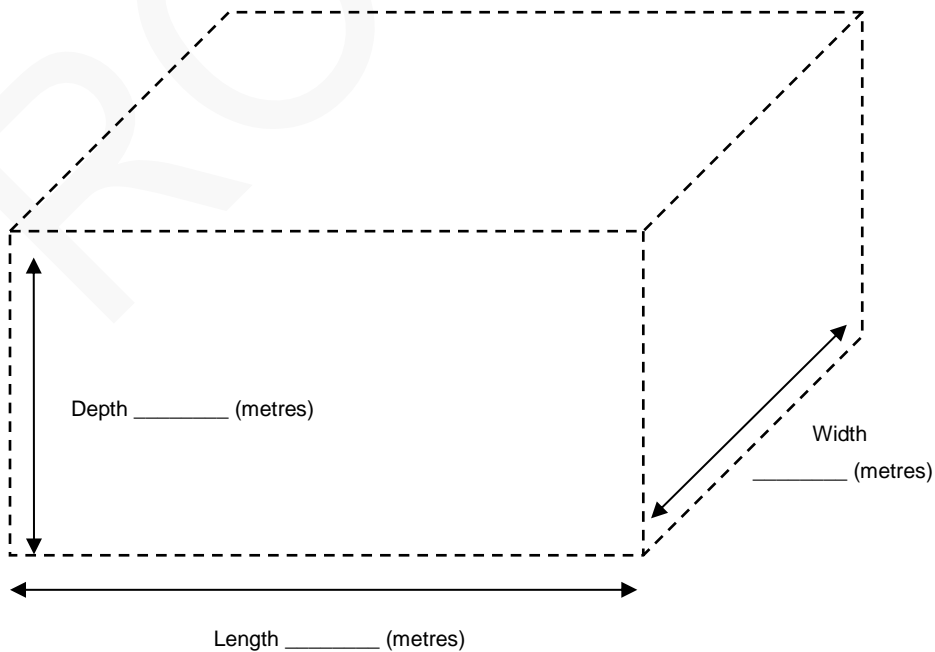
Daily Design Sewage Flow, Q = _____ liters/day (A or B)

Schedule 5B: Proposal to Construct

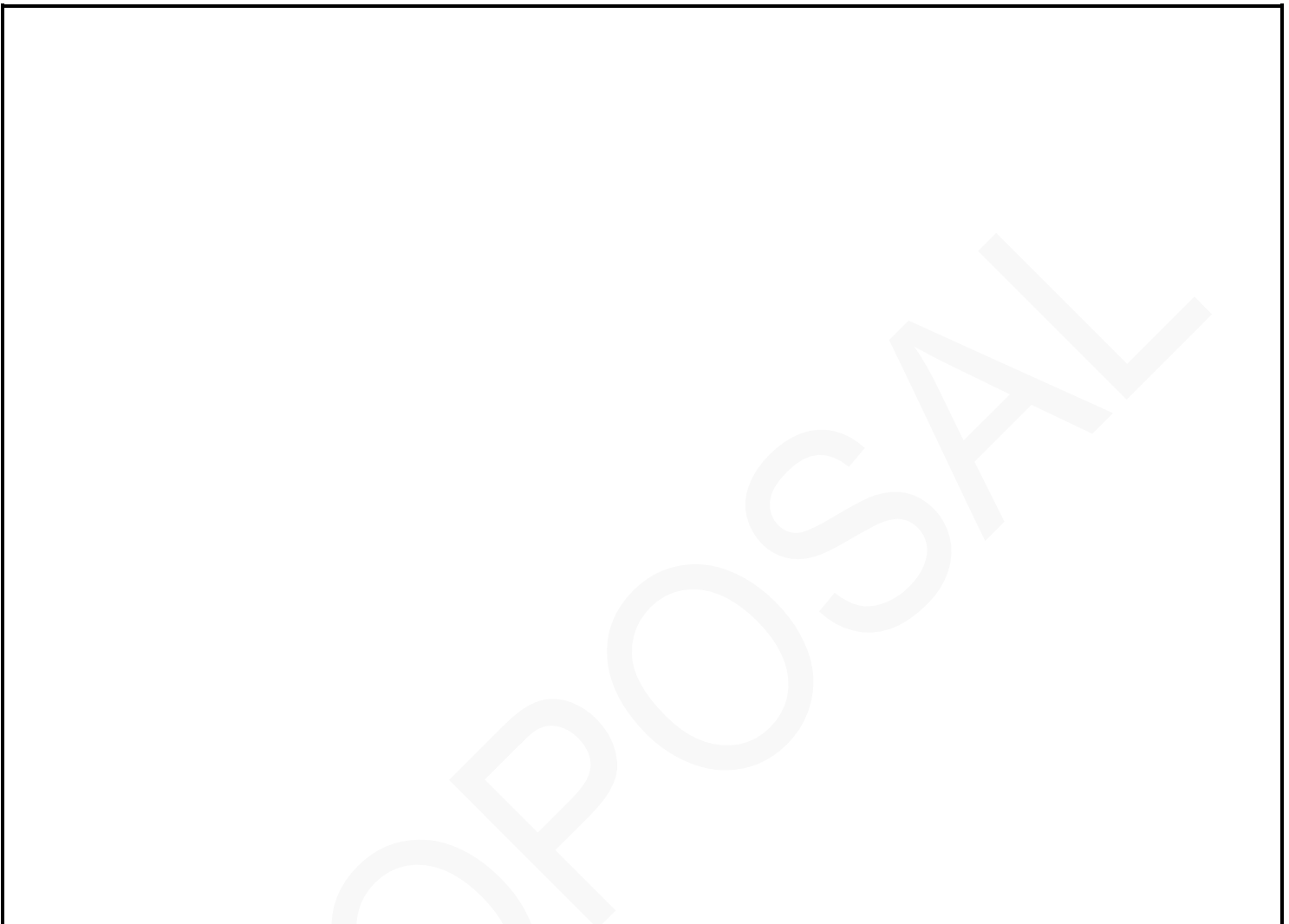
Propose to _____ a Class _____ sewage system to serve _____ <small>(construct, install, alter, extend, enlarge, replace, etc.)</small> <small>(facility: e.g. single family dwelling, motel, etc.)</small>	
Is the land currently vacant? YES NO	Additions/renovations proposed? YES NO
If replacing, is there a permit for the system on the property? YES NO Permit # _____	
Is the existing system failing? YES NO Explain: _____	
Is there more than one system on the property? YES NO Permit # _____	
Will the proposed system service more than one building? YES NO List: _____	

Provide proposed information rather than minimum requirements:

<input type="checkbox"/> Class 2 Greywater Pit <input type="checkbox"/> Class 3 Cesspool (Q cannot exceed 1000 litres/day)			
Type of Class 1 on site:	<input type="checkbox"/> Privy <input type="checkbox"/> Composting <input type="checkbox"/> Chemical <input type="checkbox"/> Other: _____		
Wall structure:	<input type="checkbox"/> Cement block <input type="checkbox"/> Rock <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____		
T-time (min/cm) of existing soil: _____	Type of cover: _____	Pump required? <input type="checkbox"/> No <input type="checkbox"/> Effluent <input type="checkbox"/> TBD	
Side wall loading rate: $L_R = \frac{400}{T} =$ _____	Total side wall area: $A = \frac{Q}{L_R} =$ _____ m ²		
Length: _____ m	Width: _____ m	Depth: _____ m	



Schedule 6: Site Plan Diagram



DRAWING REQUIREMENTS: PLEASE CHECK (IF ATTACHING A SEPARATE DIAGRAM, ENSURE THESE ARE INDICATED)

<ul style="list-style-type: none"> <input type="checkbox"/> 1 Copy of site plan submitted <input type="checkbox"/> Property owners name and property (civic) address; <input type="checkbox"/> Lot size, property dimensions, roads, existing rights-of-way, easements, or municipal/utility corridors; <input type="checkbox"/> Indicate distances to all utilities (i.e. telephone, Hydro lines above and below ground); <input type="checkbox"/> Show and identify neighboring properties, including wells (indicate if none); <input type="checkbox"/> Show location and size of all proposed and existing sewage system components (tanks, pump chambers, alarms, distribution bed) and the test pits; <input type="checkbox"/> Show the direction of surface water flow, as well as any surface water (i.e. creek, pond, lake) on or adjacent to the property and provide the common name; <input type="checkbox"/> Indicate directions of North on the site plan; and <input type="checkbox"/> Show the distances from pipes in bed and tank to ALL buildings, structures, property lines, surface water, easements, rights-of-way, driveways and wells (including neighbouring wells) 	<p>PROPOSED DISTANCES (Actual, not minimum)</p> <p>Distribution pipe (or stone area) distances:</p> <p>to closest structure: _____m</p> <p>to closest lot line: _____m</p> <p>to well on lot: _____m</p> <p>to neighbouring wells: _____m / _____m</p> <p>to surface water: _____m</p> <p>Septic tank/Treatment unit distances:</p> <p>to closest structure: _____m</p> <p>to closest lot line: _____m</p> <p>to well on lot: _____m</p> <p>to neighbouring wells: _____m / _____m</p> <p>to surface water: _____m</p>
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 1084 Elizabeth St, Box 89
 Sharbot Lake, ON K0H 2P0
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SEWAGE SYSTEM SETBACK WAIVER and INSPECTION REQUIREMENTS

Project location information: Permit #: _____
 Property owners name: _____ Phone #: _____
 Municipal Address: _____
 Roll Number: _____
 Concession: _____ Lot: _____ Part: _____ R Plan #: _____

To the Township of Central Frontenac,

I declare that; I am owner listed above _____, or;

I am the authorized agent of the property owner listed above

As the owner/agent I hereby acknowledge;

- That the issuance of a Building Permit and/or a general site review by the Building Department Staff is not confirmation that all zoning setbacks have been adhered to. This includes but is not limited to separation of structures to the high water mark, lot lines, septic systems and other structures. It is understood that it is the sole responsibility of the owner/agent to meet the setback requirements as set out in the Township Zoning By-law, and;
- The owner(s) are obligated to arrange for the inspections indicated on the permit card issued for the project, and that no work will proceed until the Building Inspector has inspected the various stages of construction indicated on the permit card, and;
- Permit Drawings and documents submitted with errors or omissions contained therein do not relieve the owner and/or authorized agent from the responsibility of completing all work to meet or exceed the requirements of the Ontario Building Code.
- If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

 Signature

 Date

Note: The Ontario Building Code Act requires that request for inspections are made a minimum 2 regular business days in advance of the regular business day upon which the inspection is needed.



Building Services
1084 Elizabeth St, Box 89
Sharbot Lake ON, K0H 2P0

613-279-2935 Ext 258
ds@centralfrontenac.com

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.