



Blandford Blenheim East Zorra Tavistock



Septic Permit Application

This Package Contains

- Application
- Proposed Sewage Disposal System Design Form Summary
- Calculation Sheet and Design Criteria
- Ontario Building Code Designs and Guides

All Forms to be completed and Returned by;

Email	Fax	In Person
building@ezt.ca	519-462-2697	Hickson Office – 90 Loveys St
generalmail@blandfordblenheim.ca	519-463-5881	Drumbo Office – 47 Wilmot St S

ALL DATA - METRIC ONLY

Fee due when permit is picked up

(Septic Permit Administrative Fee - \$116.00)

(Septic Permit - \$519.00)

(Septic Permit Tank Only - \$116.00)

This application applies to buildings/sites that require sewage systems with a maximum total daily design sanitary sewage discharge not exceeding 10,000 liters/day

Questions?

Blandford Blenheim – (519)463-5347 East Zorra Tavistock – (519)462-2697

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:		
Application submitted to: _____ (Name of municipality, upper-tier municipality, board of health or conservation authority)			
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 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			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</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. I have submitted this application with the knowledge and consent of the firm. <p style="text-align: center;"> _____ Date Signature of Designer </p>			

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?			
<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 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;">_____</p> <p style="margin-left: 40px;">Date</p> <p style="margin-left: 200px;">_____</p> <p style="margin-left: 200px;">Signature of applicant</p>			

Proposed Sewage Disposal System Design

Owner of Property: _____

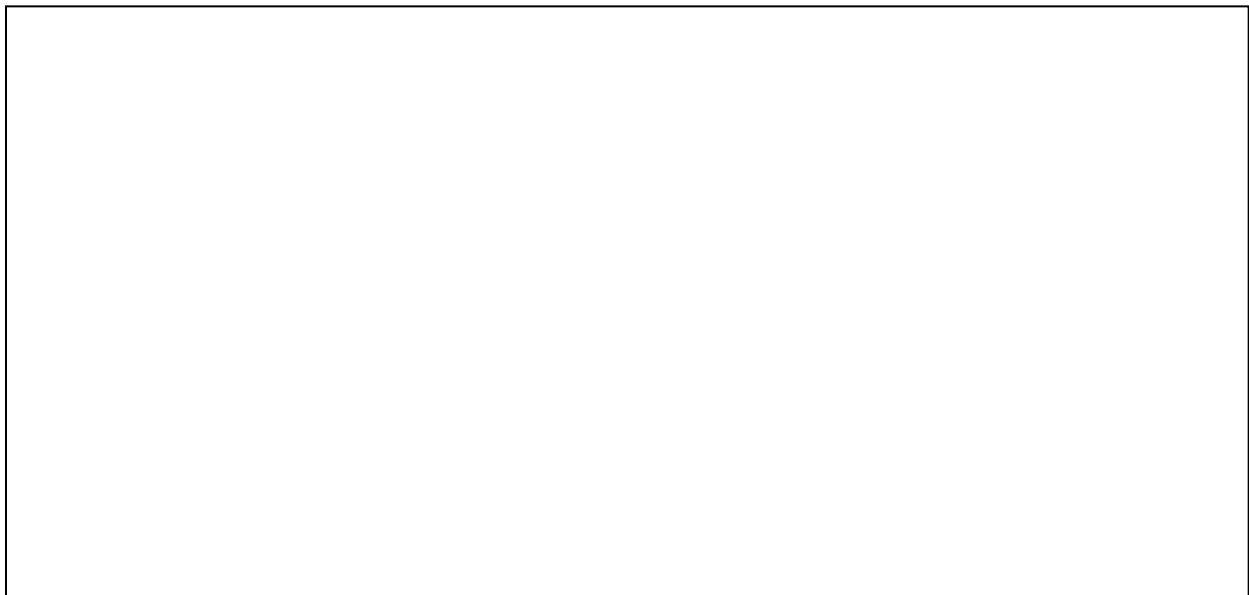
1. Total Daily Design Sewage Flow: _____ Litres Per Day
2. Native Soil Percolation Rate: _____ Min/CM (attach soil analysis)
3. Septic Tank Size/Model: _____ Litres
4. Leaching Bed Design (Complete a or b, c & d (e if applicable))
 - a. Absorption Trench System _____ Metres of trench
Bottom of Stone Layer _____ Metres below original grade OR
Bottom of Stone Layer _____ Metres above original grade

- OR -

- b. Filter Bed Size _____ m²
Filter Sand Contact Area _____ m²
Bottom of Stone/Sand Layer _____ Metres below original grade OR
Bottom of Stone/Sand Layer _____ Metres above original grade
- c. Tertiary Sewage System
Type: _____
Model: _____
Stone Area: _____ Sand Area: _____
- d. Loading Rate Area _____ m²
- e. 15 m Extended Sand Area (mantle) - Constructed or Native (circle one)

Side View Profile of Sewage System (to Scale)


Note: Show elevation above water table, bedrock or impermeable layer, existing grades, elevation of finished grade with respect to original etc.



Proposed Sewage Disposal System Site Plan (To Scale)

Show the following required information:

1. Septic Tank and Leaching Bed	7. Existing Sewage Systems (all)	13. Topographical Features (steep slopes, swamps etc)
2. Pump Chamber	8. Driveways	14. Direction of Slope/Grading
3. Loading Rate Area	9. Surface Waters	15. North Arrow
4. 15 metre Mantle Area	10. Property Lines	16. Scale Used
5. Proposed Structures	11. Foundation Drains	
6. Water Supplies (all)	12. Eavestrough Discharge	



Owner/Installer/Designer Name (match schedule 1)

Signature

Date

Calculation Sheet

OBC Proposed Requirements
Residential Sewage Disposal System

Name: _____ Address: _____ Tel: _____

1. Soil Condition

Soil Condition	
Depth (metres)	Soil Type
0 _____	
0.5 _____	
1 _____	
1.5 _____	
Show rock elevation	
Show water table	

2. (A) Sewage Flow (Residential)

a. Number of Bedrooms: _____ = _____ litres (1)

ADD

b. Living Space: _____ m² = _____ litres

Each 10m² over 200m² up to 400m²: _____ x 100 = _____ litres

Each 10m² over 400m² up to 600m²: _____ x 75 = _____ litres

Total: _____ litres (2)

OR ADD (whichever is larger flow)

c. Total Fixture Units: _____ = _____ litres

Each Fixture Unit over 20 _____ = _____ litres

Total Sewage Flow: (Q)(Add 1+2 or 3) _____ litres

(B) Sewage Flow (Non-Residential)

Other Occupancies	Volume in Litres	Total Daily Sewage Flow

3. Septic Tank Size

Residential Occupancy: Sewage Flow _____ x2 = _____ litres

note the minimum is 3600 litres

4. Leaching Bed Size

(Choose One Method)		
Method		
X	Details and Figures	
Conventional Trench		
<input type="checkbox"/>	Total Length of pipe	Conventional (Q x T) = _____ m Treatment system (Q x T)/300 = _____ m Configuration _____ runs of _____ m Total: _____ m
<input type="checkbox"/>	Length of leaching chamber	Type 1 = (Q x T)/200 = _____ m Type 2 = (Q x T)/300 = _____ m
Filter Bed		
<input type="checkbox"/>	Effective Area If Q ≤ 3000 litres per day...Q/75 If Q > 3000 litres per day...Q/50 For level II-IV unit use Q/100	Effective Area = _____ (Q) / _____ (50,75,100) = _____ m ²
<input type="checkbox"/>	Pipe	Bed Shape _____ m x _____ m # of Beds = _____
<input type="checkbox"/>	Contact Area = (QxT)/850 Mantle (see below)	Number of Runs: _____ Contact Area = (_____ (Q) x _____ (T))/850 = _____ m ² Mantle Area = _____ m ²
Shallow Buried Trench		
<input type="checkbox"/>	Percolation time (T) of soil in minutes	(LENGTH) = _____ (Q) / _____ (75,50,30) = _____ m
<input type="checkbox"/>	Length of Distribution pipe (metres)	Shape : _____ runs of _____ m Total: _____ m
<input type="checkbox"/>	1 < T ≤ 20 20 < T ≤ 50 50 < T < 125	Q / 75 Q / 50 Q / 30
Type A Dispersal Bed		
<input type="checkbox"/>	Stone Layer If Q ≤ 3000 litres per day Q/75 If Q > 3000 litres per day Q/50	Stone Layer = _____ (Q) / _____ (75 or 50) = _____ m ²
<input type="checkbox"/>	Sand Layer If T is between 1 – 15 (Q x T)/850 If T is greater than 15 (Q x T)/400	Sand Layer = (_____ (Q) x _____ (T)) / (400 or 850) = _____ m ² *use T of native soil. If sand layer is less than stone layer area, use stone layer area for both values* Shape : _____ runs of _____ m Total: _____ m
Type B Dispersal Bed		
<input type="checkbox"/>	Area = (Q x T) / 400	Area = (_____ (Q) x _____ (T)) / 400 = _____ m ²
<input type="checkbox"/>	Linear Loading Rate (LLR) If T < 24 min, use 50 litres per min If T ≥ 24 min, use 40 litres per min	Pump Chamber Cap = _____ L Length = _____ m
<input type="checkbox"/>	Length = Q / LLR	Shape = _____ m x _____ m = _____ m ² # of Beds _____
Mantle (If Applicable)		
<input type="checkbox"/>	Imported	Q/Loading Rate = _____ m ² Shape : _____ m x _____ m
<input type="checkbox"/>	Native	



Township of Blandford-Blenheim
AUTHORIZATION FORM
Building Department

Please complete if the person applying for the building permit is **not the property owner**, or if there are **multiple owners of a property and one owner is applying for a permit**.

If your contractor or agent is filling out your permit application, this form must be completed.

Municipal Address: _____
Legal Description: _____
Permit Application No.: _____

This document shall serve to notify the Township of Blandford-Blenheim that I am/we are the legal owner(s) of the property described above and do authorize the person indicated below ("Authorized Agent") to act on my/our behalf on all matters pertaining to the Building Permit Application and authorize the Authorized Agent to sign all related documents on my/our behalf.

Name of Property Owner(s): _____
Mailing Address: _____

Email: _____
Telephone: _____
Signature of Property Owner(s): _____
Signature of Property Owner(s): _____

Name of Authorized Agent: _____
Company Name: _____
Mailing Address: _____

Email: _____
Telephone: _____
Signature of Authorized Agent: _____

All registered owners of the property shall sign this Authorization Form. Use additional sheets if necessary. A new Authorization Form must be submitted to the Township if ownership of the property changes prior to issuance of the building permit or before final approval is granted.

Personal information contained in this form 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 Act, and the OBC. Questions about the collection of personal information may be addressed to the Chief Building Official of the Township of Blandford-Blenheim.