

# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act*, 1992

<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>A. 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>B. Purpose of application</b>				
<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				
<b>C. Applicant</b>		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
<b>D. 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>E. 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>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>			
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): _____			
<b>G. Required Schedules</b>			
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.			
<b>H. Completeness and compliance with applicable law</b>			
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).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
<b>I. Declaration of applicant</b>			
I _____ declare that: (print name)			
<ol style="list-style-type: none"> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>			
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.

<b>A. Project Information</b>			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax number		Cell number
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
<input type="checkbox"/> House <input type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings	<input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection	<input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
<b>D. Declaration of Designer</b>			
<p>I _____ declare that (choose one as appropriate):          (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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have submitted this application with the knowledge and consent of the firm.</li> </ol>			
<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> Date		<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> Signature of Designer	

**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

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>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>C. 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>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
I _____ declare that: (print name)			
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;			
<u>OR</u> 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.			
I certify that:			
<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>			
<hr style="border: 0.5px solid black;"/> Date		<hr style="border: 0.5px solid black;"/> Signature of applicant	

# 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 Bead 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 \_\_\_\_\_ m<sup>2</sup>  
Filter Sand Contact Area \_\_\_\_\_ m<sup>2</sup>  
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 \_\_\_\_\_ m<sup>2</sup>
- 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	

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Owner/Installer/Designer Name (match schedule 1)

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Signature

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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: \_\_\_\_\_ m<sup>2</sup> = \_\_\_\_\_ litres

Each 10m<sup>2</sup> over 200m<sup>2</sup> up to 400m<sup>2</sup>: \_\_\_\_\_ x 100 = \_\_\_\_\_ litres

Each 10m<sup>2</sup> over 400m<sup>2</sup> up to 600m<sup>2</sup>: \_\_\_\_\_ 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)

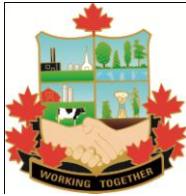
Other Occupancies	Volume in Litres	Total Daily Sewage Flow

## 3. Septic Tank Size

Residential Occupancy: Sewage Flow \_\_\_\_\_ x 2 = \_\_\_\_\_ litres  
note the minimum is 3600 litres

#### 4. Leaching Bed Size

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



**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.