

Township of Admaston/Bromley

Sewage System Application Protocol

- 1. Application for New Sewage System Installation or Replacement Installation is completed and delivered to the Chief Building Official or the Municipal Office to be reviewed by the Chief Building Official.**
- 2. Notification will be given by the Chief Building Official if the sewage application is in compliance and the amount of the fee payable will be given to the applicant or system installer.**
- 3. The Chief Building Official will notify the Township Municipal Office of the amount of the fee(s) and the Office can then accept payment.**
- 4. The Chief Building Official will be notified only when payment of the applicable fee is received by the Municipal Office.**
- 5. The Chief Building Official will contact the applicant or system installer when construction or replacement of sewage system can be commenced.**

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: _____ (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 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 Warranties 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 <i>Building Code</i> (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]			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> House <input type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings </div> <div> <input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection </div> <div> <input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <input type="checkbox"/> On-site Sewage Systems </div> </div>			
Description of designer's work			
D. Declaration of Designer			
I _____ declare that (choose one as appropriate): <div style="text-align: center;">(print name)</div> <div style="margin-top: 10px;"> <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: _____ </div> <div style="margin-top: 10px;"> <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: _____ </div> <div style="margin-top: 10px;"> <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: _____ </div>			
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:

- 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.
- 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.

THIS PAGE TO BE COMPLETED BY LICENSED INSTALLER

Description	Total #	X	Fixture Units	-	Total Fixture Units
Example Only – Potato Peeler	2	X	3	-	6
Water Closet (Flush Tank Toilet)		X	4	-	
Each Sink or Bathtub		X	1 ½	-	
Bathtub or Shower		X	1 ½	-	
Dishwasher if direct connect		X	1 ½	-	
Clothes Washing Machine		X	1 ½	-	
Single or double laundry tub		X	1 ½	-	
Other		X		-	
Total Fixtures					

*******FOR SEWAGE SYSTEM*******

- Total floor area of all dwellings (from "existing buildings" section of first page) _____
- Total fixture units within all Buildings on the property (from section above) _____
- Total # of bedrooms on the property _____ daily flow rate (determined from "Info Charts") _____ liters/day.
- Existing soil conditions in sewage system area: Soil type _____
 Depth to bedrock/hardpan _____ Depth to high water table _____
 Vegetation _____
- Describe mantle (down-slope area below sewage system) Existing Vegetation _____
 Soil Type _____ Depth _____ OR soil must be imported Yes ☐ No ☐

CLASS OF SYSTEM (Complete one-refer to the Ontario Building Code)

Class 2 – Grey water Pit Wall Structure: Concrete Block _____ Rock _____ Other _____
 Use Existing Soil _____ OR Import Soil _____ Describe _____
 Dimensions of Pit: Length _____ Width _____ Height _____ Type of Cover _____

Class 3 – Cesspool – describe type of construction _____

Class 4 – Filter Bed (Proof of approved Filter Material must be provided): Area of Filter Medium (Sq. M) _____
 No. of runs of tile _____ Header _____ OR Distribution Box _____ Use of Existing Tank _____
 OR New Gov't approved _____ Concrete _____ Polyethylene _____ Size (L) _____

Class 4 – Trench Bed: Dug into existing soil _____ OR Imported Soil _____ Describe _____
 Total length of tile (M) _____ No. of runs of tile _____ Header _____ OR Distribution Box _____
 Use of existing tank _____ OR New Gov't approved _____ Concrete _____ Polyethylene _____ Size _____

Class 4 – Aerobic: Manufacturer & Model _____ Daily Flow Rate Capacity (L) _____
 Primary Tank Size (L) _____ Secondary Tank Size (L) _____ Bed Size (Sq. M.) _____

Class 4 Other: Manufacturer & Model _____ Other details _____
 CLASS OF SYSTEM (Complete one-refer to the Ontario Building Code)
 Daily Capacity (L) _____

Class 5 – Holding Tank: Manufacturer _____ Steel _____ Polyethylene _____ Other _____
 Size (L) _____ Alarm is Audio _____ AND/OR Visual _____ A pump contract must be provided for any of the above if a pump is required? Yes ☐ No ☐ If yes, Head _____ Run _____ Horsepower _____

Lot Diagram:

A Diagram of a proposed plan of development is to be completed below, showing the following information:

- 1) North Arrow;
- 2) Outline and Dimensions of lot;
- 3) Location of proposed and/or existing building;
- 4) Type and location of your proposed or existing well and neighbouring well;
- 5) Location of your septic tank and tile bed on your lot, with distances from building, wells;
- 6) Location of any lake, river or stream.

