



Sewage System Permit Guidelines

99 Lone Pine Road, Port Severn, Ontario, L0K 1S0
 Phone: 1-800-567-0187
 web: www.gbtownship.ca

Building Department
 (705) 538-2337 ext. 233
 email: building@gbtownship.ca

Description		Required	Submission Status	Comments
Applicable Law	Ministry of Transportation (<i>MTO</i>)	<input type="checkbox"/>	<input type="checkbox"/>	If Applicable
Forms	Building Permit Application	✓	<input type="checkbox"/>	
	Schedule 1: Designer Information	✓	<input type="checkbox"/>	
	Schedule 2: Sewage System Installer Information	✓	<input type="checkbox"/>	
	Municipal Form 1: Sewage Fixture Count	✓	<input type="checkbox"/>	
	Municipal Form 2 or 3	✓	<input type="checkbox"/>	
	Letter of Authorization	✓	<input type="checkbox"/>	If applicant is not property owner
Plans	Site Plan <ul style="list-style-type: none"> Identify bed and tank Provide dimensions for bed & clearances Identify ALL surrounding well locations & types Locate set back from high water mark 	✓	<input type="checkbox"/>	
	Cross Section <ul style="list-style-type: none"> Label imported/native elements with depths Identify existing grade 	✓	<input type="checkbox"/>	
Fees	Permit Fee: \$500.00 New or replacement \$300.00 Tank replacement \$350.00 Absorption Trench or Filter Bed Replacement May be subject to additional \$75 fee, if planning review is required	✓	<input type="checkbox"/>	Required at time of submission

NOTE: Additional information may be required following a full review of the permit application package. Contact the Building Department if you are installing a Class 4 trench bed or Class 5 holding tank.

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:

Township of Georgian Bay

(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 Permit construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional				
Proposed use of building	Current use of building			

Description of proposed work

C. Applicant

Applicant Owner or 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 practice, a limited license to practice, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.



MUNICIPAL FORM 1: SEWAGE FIXTURE COUNT

The proposed system will be: (Refer to Part 8 of the Ontario Building Code for complete information.)

- Class 2 - Leaching Pit ... LIMITED USE
- Class 3 - Cess Pool ... Restricted use ONLY to receive contents of Class 1
- Class 4 - Sewage Disposal Septic Tank or Treatment Unit
Installed with: Absorption Trench Filter Bed Other _____
- Class 5 - Holding Tank - Restricted to corrective use and some temporary or limited uses ONLY

Building and Plumbing Specifications (include roughed-in plumbing and proposed additions)

Water Supply: Existing Proposed
 Municipal Drilled Well Dug Well Lake/River Other

Is there a WATER SOFTENER and/or IRON FILTER that discharges to the sewage system Yes No

Provide information for **EXISTING (E)** and **PROPOSED (P)** structures.

STRUCTURES INDICATE WHETHER STRUCTURE IS EXISTING OR PROPOSED (P) = Proposed / (E) = Existing	PROPOSED SQFT INCLUDE UNENCLOSED DECKS 1 M ABOVE GRADE	PROPOSED NUMBER OF STOREYS	PROPOSED #BEDROOMS	Fixture Units

File Information..[<input type="checkbox"/>] N [<input type="checkbox"/>] Y		Site Inspection..[<input type="checkbox"/>] N [<input type="checkbox"/>] Y		Date: _____
Granted as proposed...[<input type="checkbox"/>]		Granted with conditions below...[<input type="checkbox"/>]		Unable to approve, reasons below [<input type="checkbox"/>]
Signature _____		Chief Building Official or Designate		Date _____



MUNICIPAL FORM 2: CLASS 4 "FILTER BED"

1. Add pump chamber _____ yes / no
2. "T" of original controlling soil layer _____ min. / cm
3. Total "fixture units" value for dwelling unit: _____.
4. Total number of bedrooms in dwelling unit: _____.
5. Total finish floor area in dwelling unit: _____ sq. meters.
6. Total daily design sanitary sewage flow: _____ litres per day.
7. Minimum septic tank size _____ litres, or a treatment unit appropriately sized, meeting the requirements of OBC Subsection 8.6.2.2:
8. Calculations:
A - is the area in m²
Q - is the daily design sanitary sewage flow in litres
T - is the percolation time of the underlying native soil in min/cm to a max of 50 Filter

Bed Area @ $\leq 3,000$ L/D

$$A = \frac{Q}{75}$$

$$A = \frac{\quad}{75}$$

$$A = \frac{\quad}{75}$$

Contact Area

$$A = \frac{QT}{850}$$

$$A = \frac{X}{850}$$

$$A = \frac{\quad}{850}$$

Filter Bed Area @ $\geq 3,000$ L/D

$$A = \frac{Q}{50}$$

$$A = \frac{\quad}{50}$$

$$A = \frac{\quad}{50}$$

Loading Requirements (raised bed)

$$A = \frac{Q}{\text{per OBC Table 8.7.4.1.A.}}$$

$$A = \frac{\quad}{\quad}$$

$$A = \frac{\quad}{\quad}$$

Minimum effective Surface Area (Filter Medium) _m² Minimum Base

Area (Filter Medium) _____ m²

Minimum Leaching Bed Fill Area (Leaching Bed Fill) _____ m²

9. Benchmark established as _____
-
10. Contact/loading area will be excavated to a maximum depth of _____ mm above/below benchmark/highest existing grade before the site was disturbed. Base grade will be graded and scarified.



MUNICIPAL FORM 3: CLASS 4 "TREATMENT UNIT"

1. Add pump chamber _____ yes / no
2. "T" of original controlling soil layer _____ min. / cm
3. Total "fixture units" value for dwelling unit: _____.
4. Total number of bedrooms in dwelling unit: _____.
5. Total finish floor area in dwelling unit: _____ sq. meters.
6. Total daily design sanitary sewage flow: _____ litres per day.
7. Minimum septic tank size _____ litres, or a treatment unit appropriately sized, meeting the requirements of OBC Subsection 8.6.2.2:
8. Make/Model of treatment unit: _____
(provide BNQ/BMEC approval documentation)
9. Type of Bed:

<input type="checkbox"/> Class 4 Filter Bed	Number of beds: _____ Raised height (above natural grade): _____ m	Bed area: _____ m ² Contact area: _____ m ²
Mantle loading area: _____ m ² <input type="checkbox"/> Native <input type="checkbox"/> Imported <input type="checkbox"/> Length _____ m x Width _____ m		

<input type="checkbox"/> Class 4 Trench	Total Length: _____ m	Raised height (above natural grade): _____ m
Mantle loading area: _____ m ² <input type="checkbox"/> Native <input type="checkbox"/> Imported <input type="checkbox"/> Length _____ m x Width _____ m		

<input type="checkbox"/> Type A/B	Stone area: _____ m ² Sand area: _____ m ²	Sand area: <input type="checkbox"/> Native (supply sieve analysis) <input type="checkbox"/> Imported Raised height (above natural grade): _____ m
Mantle loading area: _____ m ² <input type="checkbox"/> Native <input type="checkbox"/> Imported <input type="checkbox"/> Length _____ m x Width _____ m		

10. Benchmark established as _____



**The Corporation of the
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CONTOUR ELEVATION DECLARATION

I _____ certify that:
(print name)

the information contained in this application, attached schedules, attached plans and specifications, and other attached documentation, to the best of my knowledge, complies with the Zoning By-law minimum elevations which require that:

- The minimum opening elevation of a dwelling is 178.33 m Canadian Geodetic Datum for properties abutting Georgian Bay and on Pine Islands and Watchers Islands this elevation shall be 178.8 m Canadian Geodetic Datum; and
- No part of any Class 4 and 5 septic system, excluding collection and transmission components, shall be located lower than 1 metre above the controlled high water mark for properties abutting inland lakes or rivers. On Georgian Bay, the minimum elevation of a septic system shall be 178.33 m Canadian Geodetic Datum. On the Pine Islands and Watchers Islands this elevation shall be 178.8 m Canadian Geodetic Datum.

Date

Signature of applicant

NOTE: The Chief Building Official may require the submission of a new Plan of Survey prepared, on-site field verified and certified by an Ontario Land Surveyor if the Chief Building Official is of the opinion that the new, expanded and/or replacement building(s), structure(s), and/or septic system(s) being applied for under this building permit application are not in compliance with the Zoning By-law and Ontario Building Code.

For purposes of these requirements, any reference to a waterfront property, water, water body, or navigable water-body means a property that abut any body of water capable of being navigated by any type of floating vessel for the purpose of transportation, recreation or commerce.



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Letter of Authorization

I declare that, _____
(Please Print)

Has permission to act as my agent in the process of obtaining a building permit
from the Township of Georgian Bay to:

Construct _____

Demolish _____

on my property legally know as Lot _____, Con. _____, PT. _____

of Plan _____, **Roll #** _____

Civic address of _____.

Property Owner's Name (Please Print)

Property Owner's Signature