



The Corporation of the Township of Georgian Bay

OFFICE OF THE CHIEF BUILDING OFFICIAL

99 Lone Pine Rd
Port Severn, Ontario • L0K 1S0
Phone (800) 567-0187 or (705) 538-2337 ext 233
Fax (705) 538-1850
e-mail building@gbtownship.ca

PROCEDURES FOR AN APPLICATION FOR MUNICIPAL WATER & SEWER BUILDING PERMIT

Other approvals

Homeowners are required to obtain an approval to connect to the water or sewer system from the District of Muskoka prior to submitting a building permit application to the township. The district does not charge a fee for this approval

Application

The following items are **required** and form part of a complete permit application:

- 1) A Township of Georgian Bay Building Permit Application including survey.
- 2) A complete District of Muskoka Water and/or Sewer Connection Permits **signed** by a District of Muskoka Representative and Applicant
- 3) The Sanitary Service Lateral Location Sheet (given to you by the District of Muskoka)
- 4) Water Service Lateral Location Sheet (given to you by the District of Muskoka)
- 5) Water and Sewer trench cross section
- 6) CAN/CSA standard of pipe being used for water and standard of pipe being used for sewer
- 7) Fee to construct a water or sewer system \$100.00 each

Please note that all fees are payable when the application is submitted.

Once the application is received it will then be reviewed and if all the necessary information is received, a permit will be issued.

Construction

Once your permit is issued, construction may begin. Please refer to the attached Water and Sanitary Service Checklist for guidelines.

Inspections

Please call for an inspection when:

Water service pipe – prior to backfill (provide pressure test)

Sewer pipe – prior to backfill (provide ball test, provide water or air test)

Final Inspection- once the backfill has been completed with erosion control in place.

Please note that we require 48 hours notice for inspections and require the attached Water Service and Sanitary Sewer Layout form to be filled out and on site prior to the time of inspection. The inspector will not be able to pass your inspection without this.

WATER AND SANITARY SERVICE CHECKLIST

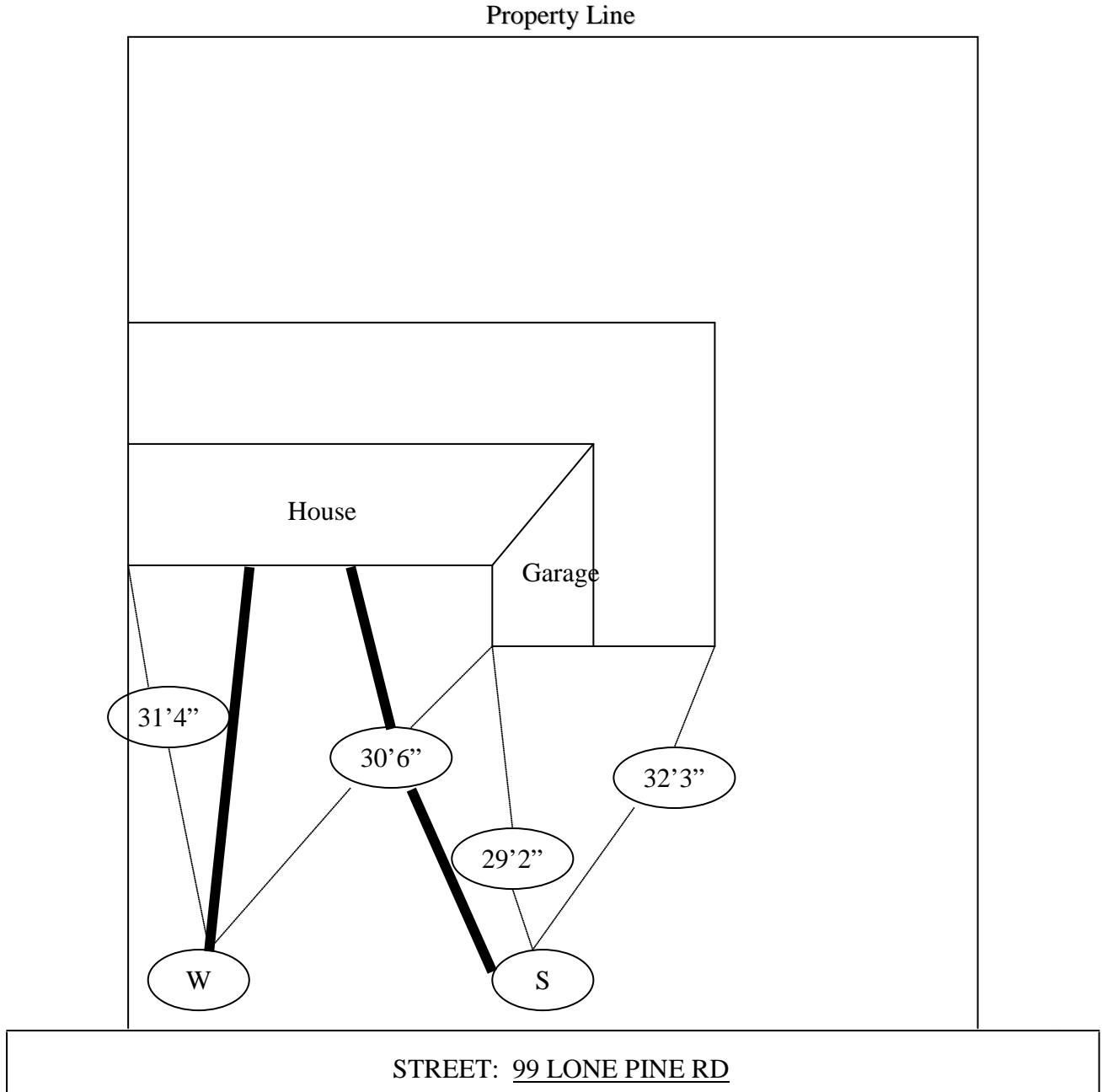
PART 9 RESIDENTIAL

	ITEM	CODE REFERENCE
Sanitary Service		
Materials and Certification		
	4" min. sanitary pipe (most common – PVC CAN/CSA-B182.2 or B-182.4) (preferably green)	7.2.5.10.(1)(e)(f) & 7.4.9.4.
Support and Protection of Pipe		
	Pipe to be protected from frost.	7.3.5.4.
	Minimum bedding depth of 6" sand (or firm undisturbed soil) plus a minimum cover depth of 12" sand. Where trench conditions are wet, the bedding shall consist of ½" clear stone.	7.3.4.6.(1)(2)
Grade and Alignment of Pipes		
	4" pipe requires minimum 1/8" slope per foot (1/100)	Table 7.4.10.8.
Testing		
	Ball Test required on 4" sanitary	7.3.6.1.(5) & 7.3.6.7.
	Water test (5' stack head for 15 minutes) or	7.3.6.4.
	Air test (15 minutes at 5.1 psi)	7.3.6.5.
Cleanouts		
	Cleanout required as close as practically possible to the inner face of the wall where the drain leaves the building.	7.4.7.1.(6)
	Size of cleanout to match pipe size	7.4.7.2.
Water Service		
Materials and Certification		
	¾" copper (most common – Type K soft certified to ASTM B88 or ¾" polyethylene pipe certified to CAN/CSA-B137.1 Note: If plastic water service pipe is used that is suitable for cold water use only, then check valve and protection from thermal expansion must be provided (see 7.6.1.10. and 7.6.1.16 OBC)	Table 7.2.11.2. & 7.6.3.4.
Support and Protection of Pipes		
	Minimum depth for frost protection of 5' ground cover except when pipe is laid under driveway or walkway 6' of ground cover is required.	7.3.5.4.
	Tracer wire required for plastic water service piping.	7.2.11.3.
	Minimum bedding depth of 6" sand with a minimum of 12" sand cover, free of stones.	7.3.5.1.
Separation		
	Water service pipe to be separated from building drain and building sewer by 8 feet of undisturbed or compacted earth.	7.3.5.7.(1)
	Water service pipe may be closer that 8' or placed in the same trench as the building drain or sewer if; <ul style="list-style-type: none"> - the bottom of the water service pipe is at least 20" above the top of the building drain or sewer pipe, and - when in a common trench, the water service pipe is placed on a shelf on one side of the trench or <ul style="list-style-type: none"> - the water service pipe is constructed of a single run of pipe with no joints between the street line and the inside face of the building. 	7.3.5.7.(2)
Back Siphonage		
	If you plan on keeping your existing well and connection to the municipal	7.6.2.2.(1)

	water system, the Ontario Building Code requires that there be no cross-connections between these two systems. All piping must be separated and a dual-check backflow-preventer (as per CSA B64.6) must be installed on the municipal water service line (after the shut-off valve).	7.2.10.10.(1)(j) 7.6.2.1.(1)
Testing		
	Water test with pressure of at least 145 psi for at least an hour (must use potable water), or	7.3.7.2.(1)(a)
	Air test with at least 102 psi for at least 2 hours with no drop in pressure.	7.3.7.7.(1)(b)

The purpose of this checklist is to provide assistance to building designers to help ensure that the plans that are submitted with an application are complete. This checklist is for informational purposes only and does not address all the requirements in the Ontario Building Code and other applicable law.

SAMPLE LAYOUT ONLY



Drawn By: _____ Date: _____



= Water Curb Stop Depth = 6'



= Sewer Connection Depth = 8'



= Water Supply and Sewer Service Line Locations

WATER SERVICE AND SANITARY SEWER LAYOUT

Note: Please provide this completed layout form to the inspector at time of inspection. Failure to submit this document may result in the inspection being cancelled. Inspections may be booked by contacting the Building Department at (800) 567-0187/(705) 538-2337 Ext. 233.

In addition to this completed layout, the contractor must provide testing on the sanitary sewer and an air or water test on the water service pipe as per attached checklist.

Installed By: _____ Phone: _____

Sanitary Sewer: Size _____ Material Used _____

Water Service Pipe Size: _____ Material Used _____

See reverse side for sample layout.

Property Line



Drawn By: _____ Date: _____

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)	

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

Applicant is: 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 ()	

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 ()	

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 ()	
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): _____			
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.



TOWNSHIP OF GEORGIAN BAY

SCHEDULE 3A FEE CALCULATION SEPTIC INFORMATION

This form must be completed in order to calculate permit fees associated with the **PROPOSED** new construction or renovations.

Building Type: _____
(single family dwelling, accessory bldg., dock)

Construction Type: _____
(new construction, renovation, alteration, demolition)

Heating System: Primary: _____ Secondary: _____

Building size-PROPOSED:

Basement	Livable space:	sq ft	Storage:	sq ft
Main Floor	Livable space:	sq ft	Storage:	sq ft
2 nd Floor	Livable space:	sq ft	Storage:	sq ft
Garage		sq ft		
Sleeping Cabin		sq ft		sq ft
Storage space		sq ft		
Open deck (s)		sq ft		
Covered Porch		sq ft		
Screen/Muskoka Rm		sq ft		
Boathouse/Boat-port		sq ft		
Dock (s)		sq ft		
Trailer		sq ft		

of bedrooms: _____

of woodstoves/fireplaces : _____ Other: _____

FOR SEPTIC PURPOSES: Total LIVEABLE floor area (all dwellings): _____

Total # bedrooms (all dwellings): _____ Total # Fixture Units (all dwellings): _____

OFFICE USE ONLY

SEPTIC FILE REVIEW

LIVEABLE FLOOR AREA: _____ # BEDROOMS: _____ #FIXTURE UNITS: _____

TYPE OF SEPTIC SYSTEM: _____ SEPTIC SYSTEM REVIEW BY : _____

SEPTIC SYSTEM APPROVED FOR A DAILY DESIGN FLOW OF: _____ L/day



TOWNSHIP OF GEORGIAN BAY

SCHEDULE 3B ZONING INFORMATION

Must be submitted with EACH building permit application for residential lots within the Township of Georgian Bay. Provide information for **EXISTING (Table 1)** and **PROPOSED (table 2)** structures.

TYPE OF EXISTING STRUCTURE	SQ FT (or SQ M) INCLUDE UNENCLOSED DECKS 1 M ABOVE GRADE	NUMBER OF STOREYS	EXISTING# BEDROOMS	EXISTING# FIXTURE UNITS

PROPOSED STRUCTURE	PROPOSED SQ FT (or SQ M) INCLUDE UNENCLOSED DECKS 1 M ABOVE GRADE	PROPOSED NUMBER OF STOREYS	PROPOSED # BEDROOMS	PROPOSED # FIXTURE UNITS

THIS SECTION IS FOR OFFICE USE ONLY

Zoning of Property _____ Size of Property _____

Total Permitted Lot Coverage _____ Existing Lot Coverage _____

Proposed Additional Lot Coverage _____ Permitted Remaining Lot Coverage _____

Gross Floor Area Existing : _____ Gross Floor Area of Proposed: _____

Comments: _____

Zoning Review By: _____ Date: _____



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Township of Georgian Bay

99 Lone Pine Road, Port Severn, Ontario, L0K 1S0
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web: www.township.georgianbay.on.ca

BUILDING/SEPTIC

(705) 538-2337 ext. 6
email: building@gbtownship.ca

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/build/install

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

of Plan _____, **Roll #** _____

Civic address of _____.

Property Owner's Name (Please Print)
