

# 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 <sup>2</sup> )	

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	

<b>Applicant</b> is:	Applicant	<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 ( )	

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 ( )	

<b>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>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>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). 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)				
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.

<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"/> 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			
<b>D. Declaration of Designer</b>			
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: 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.

## 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>			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 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> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			



# 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 <sup>nd</sup> 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 <b>EXISTING</b> STRUCTURE	SQ FT (or SQ M) INCLUDE UNENCLOSED DECKS 1 M ABOVE GRADE	NUMBER OF STOREYS	EXISTING# BEDROOMS	EXISTING# FIXTURE UNITS

<b>PROPOSED</b> 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: \_\_\_\_\_



## 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.

### BUILDING AND PLUMBING SPECIFICATIONS (include roughed-in plumbing and proposed additions)

**APPLICANT TO COMPLETE**

Description	#of Units per Fixture	Dwelling #1		Dwelling #2		Other	
		#of Fixtures	Fixture Count	#of Fixtures	Fixture Count		
Bathroom Group- 2	5.5						
Bathroom Group- 3	6						
Bathroom Group- 4	7.5						
Bidet	1						
Kitchen Sink	1.5						
Washing Machine	1.5						
Laundry Tub	1.5						
Dishwasher	1.5						
Other	1.5						
<b>Total Fixture Units</b>					<b>Total</b>		
Finished Floor Area			M2	<b>Total</b>			
Number of Bedrooms				<b>Total</b>			

WATER SUPPLY  EXISTING OR  PROPOSED

MUNICIPAL  DRILLED WELL  DUG WELL  LAKE, RIVER  OTHER

\_\_\_\_\_  
Signature (Owner or Agent)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

File Information...[ ]n [ ]y.      Site Inspection...[ ]n [ ]y      Date: \_\_\_\_\_

Granted as proposed...[ ]      Granted with conditions below...[ ]      Unable to approve, reasons below...[ ]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_      \_\_\_\_\_ Date \_\_\_\_\_

Chief Building Official or Designate



# MUNICIPAL FORM 2: CLASS 4 "TRENCH BED"

1. Will a pump chamber be installed\_\_\_\_\_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 m<sup>2</sup>

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

Length of Distribution Pipe

Loading Requirements (raised bed)

$$L = \frac{QT}{200}$$

$$A = \frac{Q}{\text{Loading rate of soil L/m}^2}$$

$$L = \frac{X}{200}$$

A=

$$L = \underline{\hspace{2cm}}$$

$$A = \underline{\hspace{2cm}}$$

9. Benchmark established as \_\_\_\_\_
10. Leaching bed fill area will be excavated to a maximum depth of\_\_\_\_\_mm above/below benchmark/highest existing grade before the site was disturbed. Base will be graded and scarified.

11. Other:





# MUNICIPAL FORM 3: 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 m<sup>2</sup>

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 @ ≤ 3,000 L/D

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

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

$$A = \underline{\quad}$$

Contact Area

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

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

$$A = \underline{\quad}$$

Filter Bed Area @ ≥ 3,000 L/D

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

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

$$A = \underline{\quad}$$

Loading Requirements (raised bed)

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

per OBC Table 8.7.4.1.A.

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

per OBC Table 8.7.4.1.A.

$$A = \underline{\quad}$$

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.

11. 

Other:



# MUNICIPAL FORM 4: 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. Calculations:

A - is the area in m<sup>2</sup>

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

Stone layer ≤ 3,000 L/D	Stone layer > 3,000 L/D	Sand layer T-time ≤ than 15	Sand layer T-time > 15
$A = \frac{Q}{QT \cdot 75 \cdot 400}$	$A = \frac{Q}{50}$	$A = \frac{QT}{50}$	$A = \underline{\hspace{2cm}}$
$A = \underline{\hspace{2cm}}$	$A = \frac{X \cdot 75}{400}$	$A = \frac{X}{50}$	$A = \underline{\hspace{2cm}}$
$A = \underline{\hspace{2cm}}$	$A = \underline{\hspace{2cm}}$	$A = \underline{\hspace{2cm}}$	$A = \underline{\hspace{2cm}}$

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.

11. Other:



Township of Georgian Bay

99 Lone Pine Rd  
Port Severn, Ontario • L0K 1S0  
Phone (800)567-0187 or (705)538-2337 ext 6  
Fax (705)538-1850  
e-mailbuilding@gbtownship.ca

***BUILDING/SEPTIC***

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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/build

\_\_\_\_\_  
\_\_\_\_\_

on my property legally know as Lot \_\_\_\_\_, Con. \_\_\_\_\_, PT. \_\_\_\_\_

of Plan \_\_\_\_\_, Roll # \_\_\_\_\_

Civic address of \_\_\_\_\_.

\_\_\_\_\_  
Property Owner's Name (Please Print)

\_\_\_\_\_  
Property Owner's Name (Please sign)



Township of Georgian Bay

99 Lone Pine Rd, Port Severn, Ontario, L0K 1S0  
Phone: 1-800-567-0187 Fax: (705) 538-1850  
web: [www.township.georgianbay.on.ca](http://www.township.georgianbay.on.ca)

BUILDING DEPARTMENT

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

## 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

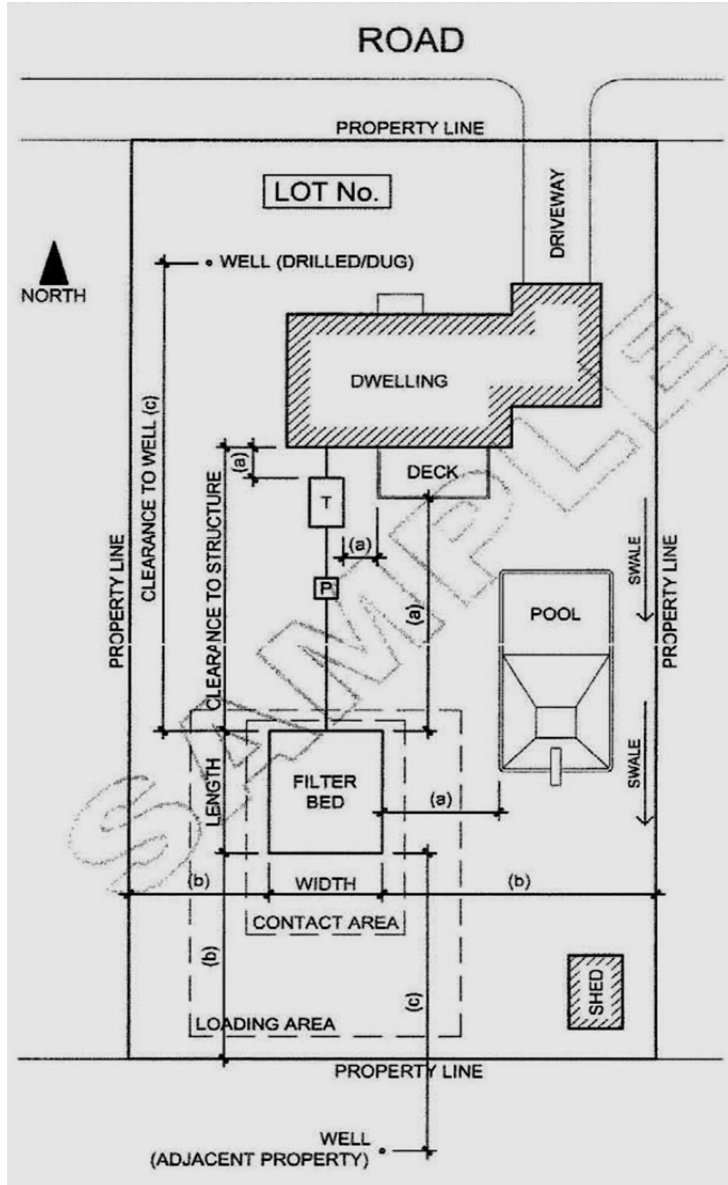
\_\_\_\_\_  
Signature of applicant

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.



# SAMPLE FILTER BED AS-BUILT PLAN



**NOTES:**

- 1) ALL CONSTRUCTION TO COMPLY WITH THE ONTARIO BUILDING CODE
- 2) ALL DRAWINGS ARE TO BE TO SCALE
- 3) ALL DIMENSIONS, ETC. ARE TO BE IN METRIC
- 4) SHOW ALL STRUCTURES (BUILDINGS, DECKS, POOL, ETC.)
- 5) SHOW NORTH POINT
- 6) SHOW VEGETATION SUCH AS : TREES, SHRUBS, ETC.
- 7) INDICATE SWALES, SLOPES AND CHANGE IN GRADE
- 8) SHOW CLEARANCES TO ALL WELLS INCLUDING ADJACENT PROPERTIES
- 9) INCLUDE NAMES OF QUALIFIED INSTALLER AND PERSON PREPARING DRAWINGS

**LEGEND:**

- a) CLEARANCE TO STRUCTURES
- b) CLEARANCE TO PROPERTY LINES
- c) CLEARANCE TO WELLS
- T SEPTIC TANK
- P PUMP CHAMBER

Sewage System Installation	
Tank Size (L)	
Pump Chamber Size (L)	
Bed Size (s.m.)	
Contact Area (s.m.)	
Loading Area (s.m)	