



Sewage System Permit Application Checklist

| Description | | Required | Comments |
|--|--|----------|---|
| Approved Zoning Certificate Must be obtained through the Planning Department prior to permit submission | | ✓ | For more information visit gbtownship.ca |
| Applicable Law | Ministry of Transportation (MTO) | * | *If applicable |
| Forms | Building Permit Application | ✓ | |
| | Schedule 1: Designer Information | ✓ | |
| | Schedule 2: Sewage System Installer Information | ✓ | |
| | Municipal Form 1: Sewage Fixture Count | ✓ | |
| | Municipal Form 2 or 3 | ✓ | |
| | Letter of Authorization | ✓ * | *If applicant is not property owner |
| Plans | Site Plan • Identify bed and tank • Provide dimensions for bed & clearances • Identify ALL surrounding well locations & types • Locate set back from high water mark | ✓ | |
| | Cross Section • Label imported/native elements with depths • Identify existing grade | ✓ | |
| Fees | Permit Fee: \$500.00 New or replacement \$300.00 Tank replacement \$350.00 Absorption Trench or Filter Bed Replacement Additional \$200 fee applied, if Lot Suitability Inspection is required *The fee will be confirmed once a complete application has been received | ✓ | As per fees & charges By-Law |

NOTE: Additional information may be required following a full review of the permit application package. For further details on any required items please refer to the Building Guide or call the Building Department.

Application for a Permit to Construct or Demolish

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

| 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 | | | | |
| New construction | Addition to an existing building | Alteration/repair | Demolition | Conditional Permit |
| Proposed use of building | | Current use of building | | |
| Description of proposed work | | | | |
| C. Applicant | | | | |
| | | Applicant is: | 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 (if known) | | | | |
|---|--|------------------------|--|-------------|
| 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. New home construction licensing requirement | | | | |
| i. Is the proposed construction for a new home as defined in the <i>New Home Construction Licensing Act, 2017</i> ? If no, go to section G. | | | Yes | No |
| ii. Is a licence required under the <i>New Home Construction Licensing Act, 2017</i> ? | | | Yes | No |
| iii. If yes to (ii) provide licence 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. | | | Yes | 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> . | | | Yes | 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. | | | Yes | No |
| iv) The proposed building, construction or demolition will not contravene any applicable law. | | | Yes | 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., 12th Floor. Toronto, ON M7A 2J3 (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] | | | |
| House | HVAC – House | Building Structural | |
| Small Buildings | Building Services | Plumbing – House | |
| Large Buildings | Detection, Lighting and Power | Plumbing – All Buildings | |
| Complex Buildings | Fire Protection | On-site Sewage Systems | |
| Description of designer's work | | | |
| D. Declaration of Designer | | | |
| <p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(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"> 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. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Designer </p> | | | |

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 Professional Engineers Ontario.

Schedule 2: Sewage System Installer Information

| | | | |
|---|----------------------------|--|----------|
| A. Project Information | | | |
| Building number, street name | | Unit number | Lot/con. |
| Municipality | Postal code | Plan number/ other description | |
| B. Sewage system installer | | | |
| 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? | | | |
| Yes (Continue to Section C) | No (Continue to Section E) | Installer unknown at time of application (Continue to Section E) | |
| C. Registered installer information (where answer to B is "Yes") | | | |
| Name | | BCIN | |
| Street address | | Unit number | Lot/con. |
| Municipality | Postal code | Province | E-mail |
| Telephone number | Fax | Cell number | |
| D. Qualified supervisor information (where answer to section B is "Yes") | | | |
| Name of qualified supervisor(s) | | Building Code Identification Number (BCIN) | |
| E. Declaration of Applicant: | | | |
| <p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p>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>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> <ol style="list-style-type: none"> 1. The information contained in this schedule 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. <p>_____</p> <p style="text-align: center;">Date Signature of applicant</p> | | | |



Schedule 3

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

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

| Proposed Structure | Building Size – Proposed |
|---------------------------|--------------------------|
| Main Floor | sqft |
| 2 nd Floor | sqft |
| Basement | sqft |
| Open Deck | sqft |
| Covered Deck/Muskoka Room | sqft |
| Garage/Carport | sqft |
| Sleeping Cabin | sqft |
| Boat House | sqft |
| Dock | sqft |

Provide information for EXISTING structures.

| All Existing Structures On Property | Sqft | Number Of Storeys | Number Of Bedrooms | Fixture Units |
|-------------------------------------|------|-------------------|--------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

OFFICE USE ONLY

Septic File Review

Livable Floor Area: _____ #of Bedrooms: _____ #of Fixture Units: _____

Type of Septic System: _____ System Review By: _____

MOE Approval or Permit #: _____

System Approved for Daily Design Flow of _____ L/day



Municipal Septic 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

All Existing and Proposed Structures

Indicate whether each structure is existing = (E) or proposed = (P)

| Structures | SQFT | Number of Storeys | Number of Bedrooms | Fixture Units |
|------------|------|-------------------|--------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

OFFICE USE ONLY

File Information N Y Site Inspection N Y Date: _____
 Granted as proposed Granted with conditions Unable to approve

Notes: _____

Signature: _____
 Chief Building Official or Designate

Date: _____



Municipal Septic 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 @ ≤ 3,000 L/D

Contact Area

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

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

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

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

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

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

Filter Bed Area @ ≥ 3,000 L/D

Loading Requirements (raised bed)

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

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

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

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

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

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

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 Septic Form 3: Class 4 Treatment Unit

- Add pump chamber _____ yes no
- "T" of original controlling soil layer _____ min. / cm
- Total "fixture units" value for dwelling unit: _____.
- Total number of bedrooms in dwelling unit: _____.
- Total finished floor area in dwelling unit: _____ sq. meters.
- Total daily design sanitary sewage flow: _____ litres per day.
- Minimum septic tank size _____ litres, or a treatment unit appropriately sized, meeting the requirements of OBC Subsection 8.6.2.2:
- Make/Model of treatment unit: _____
(provide BNQ/BMEC approval documentation)
- 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 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 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 Length _____ m x Width _____ m | | |

- Benchmark established as _____



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 178.33m Canadian Geodetic Datum for properties abutting Georgian Bay and on Pine Islands and Watchers Islands this elevation shall be 178.8m 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 or Owner

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.

Letter of Authorization

I declare that, _____
(Name of Agent, 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 with the Civic Address: _____

legally known as Lot _____, Con. _____, PT. _____

of Plan _____, Roll # _____

Property Owner's Name (Please Print)

Property Owner's Signature