

Application for a Permit to Construct or Repair

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: Laurentian Valley Township, 460 Witt Road, 613-735-6291			
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 existing building <input type="checkbox"/> Alteration/repair			
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. Contractor				
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 ()
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. \$281.25 for Class 4, On-site sewage disposal systems in Laurentian Valley			<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. (Township by-law 2019-06-31)			<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

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="text-align: right; margin-top: 10px;"><input type="checkbox"/> On-site Sewage Systems</div>			
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><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.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Firm BCIN: _____</p> <p><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.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="padding-left: 40px;">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="margin-top: 20px;"> </p> <p style="margin-top: 5px;"> 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) 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 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

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?			
<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)
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><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> <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="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

Laurentian Valley Township - Class 4 On-Site Sewage Disposal Systems

Fixture Type	Total #	multiply	Fixture Units	Equals	
Water Closets		X	4	=	
Bathtubs & Showers		X	1.5	=	
Dishwasher		X	1.5	=	
Clothes Washer		X	1.5	=	
Laundry Tub		X	1.5	=	
Sinks		X	1.5	=	
Floor Drain		X	2	0	
other -		X		=	
Total Fixture Units					
<p>Daily Design Flow: a -Total floor area of Dwelling(building) _____ ft² divided by 10.76 = _____ m² b -Total Fixture Units (from above chart) ----- = _____ FU c- Total number of Bedrooms = _____ (1br=750, 2 br= 1,100, 3br=1,600,4br=2,000)----- = _____ l/d Daily Flow (equals line c, if line a is less than 200 m² and line b is less than 20 FU) ----- = _____ l/d (if line a is greater than 200 m² and/or line b is greater than 20 FU calculations will be required, calculations also required for ICI buildings)</p>					
<p>Existing On Site Soil Conditions- Soil Type _____ T-time = _____ min/cm <input type="checkbox"/>estimated - <input type="checkbox"/>tested depth to bedrock or high water table = _____</p>					
<p>Type of System proposed <input type="checkbox"/>filter bed, <input type="checkbox"/>inground leaching bed, <input type="checkbox"/>fully raised leaching bed</p>					
<p>Filter Beds: 8.7.5 Contact Area= $QT/850$ (daily flow X on-site T-Time/ 850) = _____ X _____/850 = _____ Filter Bed Area = $Q/75$ (minimum 10m²) = _____ / 75 = _____</p>					
<p>Conventional Leaching Bed: 8.7.3 Length of piping = $QT/200$ = (daily flow X on-site T-Time/ 200) = _____ m Infiltrator System = $QT/300$ = (daily flow X on-site T-Time/ 300) = _____ m</p>					
<p>Fully Raised Beds: 8.7.4 Contact Area = Daily design flow/ loading rate from Table 8.7.4.1.A. = _____ / _____ = _____ m² Length of piping = $QT/200$ = (daily flow X imported sand T-Time/ 200) = _____ m Infiltrator System = $QT/300$ = (daily flow X imported sand T-Time/ 300) = _____ m</p>					

Site Plan:

A diagram of the proposed installation is to be completed below or attached as a schedule, showing the following information;

- A. outline & dimensions of the lot
- B. location of the existing and/or proposed buildings, driveways, pools etc.
- C. type and location of existing and proposed wells
- D. location and size of the treatment unit and the tile bed, showing clearances to lot lines, buildings and wells.
- E. location of any lakes, rivers or streams

