

Application for Review of Performance Level of an Existing On-Site Sewage System

For Office Use Only	
Application number:	Permit number:
Date received:	Roll number:

Application submitted to: **Town of Perth**

A. Address of existing on-site sewage system:				
Civic #, Street name, Town:				
Municipality:	Province: ON Postal Code:			
B. Applicant information:				
Last name:	First name:	Corporation or partnership:		
Civic #, Street name, Town:				Unit #:
Municipality:	Postal code:	Province:	E-mail:	
Phone #:		Cell #:		
C. Owner (if different from applicant):				
Last name:	First name:	Corporation or partnership:		
Civic #, Street name, Town:				Unit #:
Municipality:	Postal code:	Province:	E-mail:	
Phone #:		Cell #:		
D. Declaration of applicant:				
I, _____ declare that:				
(Print name)				
<ol style="list-style-type: none"> 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. I have the authority to bind the corporation or partnership (if applicable). 3. Permission is hereby granted to the relevant staff to enter the premises subject to this application for the purposes of making inspections associated with this application, during normal and reasonable working hours. 				
Date _____		Signature of applicant _____		

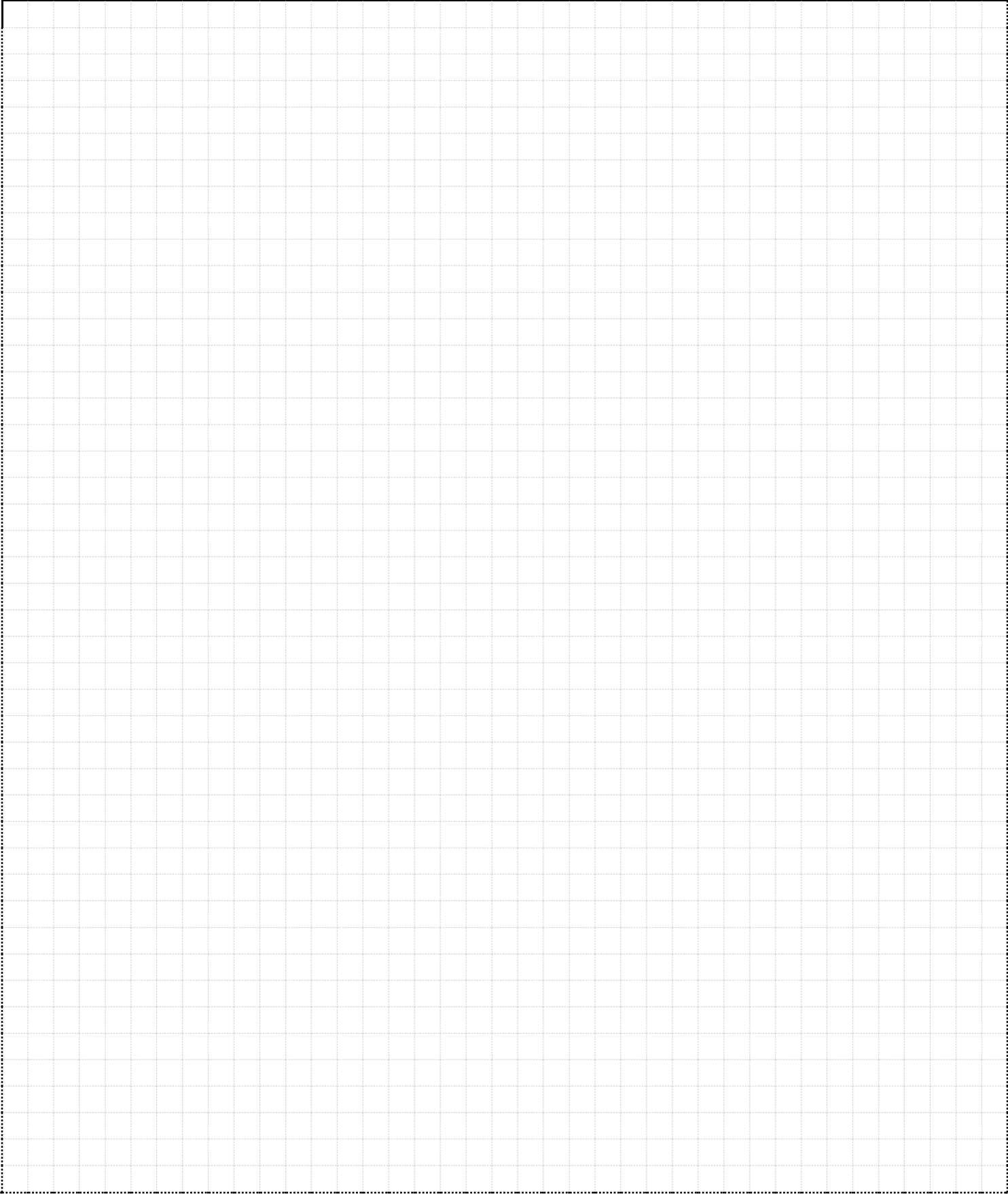
Schedule 1: Design Criteria

DESCRIPTION	DWELLING				OTHER: _____			
	Total # of Existing	Total # of Proposed	# UNITS PER FIXTURE	TOTAL FIXTURE UNITS	Total # of Existing	Total # of Proposed	# UNITS PER FIXTURE	TOTAL FIXTURE UNITS
Bathroom group – 3 piece (toilet, sink, tub/shower)			x 6.0 =				x 6.0 =	
Additional toilet			x 4.0 =				x 4.0 =	
Bathtub or shower			x 1.5 =				x 1.5 =	
Additional sinks			x 1.5 =				x 1.5 =	
Kitchen sink			x 1.5 =				x 1.5 =	
Dishwasher			x 1.0 =				x 1.0 =	
Clothes Washer			x 1.5 =				x 1.5 =	
Laundry tub			x 1.5 =				x 1.5 =	
Other: _____			x =				x =	
FIXTURE UNITS	Total:				Total:			
FINISHED FLOOR AREA m²	Existing	Proposed	Total		Existing	Proposed	Total	
# OF BEDROOMS			Total:				Total:	

DESIGN FLOW CALCULATION TABLE				
Residential Occupancy			Volume (L)	Flows
(A) Bedroom flow	1 bedroom dwelling		750	
	2 bedroom dwelling		1100	
	3 bedroom dwelling		1600	
	4 bedroom dwelling		2000	
	5 bedroom dwelling		2500	
(B) Extra bedroom flow	Each bedroom over 5,		500	
(C) Living area flow	Each 10 m ² (or part thereof) over 200 m ² up to 400 m ² ,		100	
	Each 10 m ² (or part thereof) over 400 m ² up to 600 m ² , and		75	
	Each 10 m ² (or part thereof) over 600 m ² , or		50	
(D) Fixture count flow	Each fixture unit over 20 fixture units		50	

Daily Design Sewage Flow, Q = _____ liters/day A + (B or C or D)

Schedule 2: Site Plan Diagram



LETTER OF AUTHORIZATION

Property Owner Contact Information (Complete all):

Owners

Name: _____
*(Name of Corporation
or Partnership if applicable)*

*(Name of the person signing this authorization
and who, if applicable, has authority to bind the
Corporation or Partnership)*

Owners mailing

Address: _____

Owners Phone No:

Owner Email:

Authorized Agent Information (Complete all):

Agents

Name: _____
(Name of Corporation) *(Name of Primary Contact)*

Agents mailing

Address: _____

Agents Phone No:

Agents Email:

Project Location and Description

Project Civic Address: _____ in the Town of Perth, Ont.

Project Description: _____

Property Owners Declaration to Authorize Agent

To the Chief Building Official;

I the undersigned, as registered property owner of the above noted property, authorize the agent named above to submit, amend and execute a building permit on our behalf for the project described in this letter.

I understand that the property owner remains ultimately responsible for ensuring that the project is completed in accordance with the Building Code, as amended.

Furthermore, for the purposes of the Freedom of Information Act, I authorize and consent to the disclosure of any information that is collected under the Building Code Act and the Building Code, as amended, to required agencies for the purposes of processing this application

Signature

Date