
ON-SITE SEWAGE SYSTEM APPLICATION CHECKLIST FOR CLASS 4 OR 5 SYSTEMS

All applications will require the bolded items listed below.

- 1) Fee payment (cash, debit, cheque, or credit card)
- 2) Completed Sewage System permit application package:
 - a) Attached Forms (as applicable)
 - b) Proposed Sewage System Design
 - c) Plot/site plan showing distances from all lot lines, high water mark, overhead power lines and all buildings
 - d) Cross-section drawing of Sewage System
 - e) Floor plan layout of all floors of the dwelling labelled as to what the use is (ie: bedroom, kitchen) and listing the type of plumbing fixture(s) per room (ie: sinks, toilets, tubs/showers, etc).
- 3) Conservation Authority, MNR, or MOE approvals (where applicable)
- 3) A separate calculation page will be required if the sewage system includes non-residential occupancies
- 4) Copy of Tax bill or Deed (proof of land ownership) *if property ownership recently changed hands
- 5) Survey of property (upon request)

Are renovations or additions proposed? Yes No

For an expansion of an existing system to facilitate an addition, renovation, or change of use to the building. Provide construction drawings and additional application forms applicable to the scope of the construction proposed.

Complete applications may be submitted electronically as a PDF to buildingadmin@perth.ca; pictures not accepted, or mail/drop off application to the Municipal office.

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: **Town of Perth**

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 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

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
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
Telephone number ()	Fax ()	Cell number ()

E. 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 ()
F. 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): _____				
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.			<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.

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 ON	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 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 align="center">OR</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 align="center">Date Signature of applicant</p>			

Schedule 3: Site Evaluation Form

APPROXIMATE SOIL PERCOLATION RATES (T-time)

The following are **estimated** ranges of soil percolation rates (T-times) measured in a rate of min/cm. Actual on-site soil conditions may vary significantly from estimates; it can be difficult to tell a 30 from a 50 just by looking at it.

Estimated T-times shall be determined by samples analyzed by the Unified Soil Classification System, the Soil Texture Classification from the USDA Soil Survey Manual, or percolation tests being conducted on in-situ soils.

Disputes about estimated T-times shall be resolved by sending in-situ soil samples to a Canadian Council of Independent Laboratories testing firm at the applicant's cost. The T-time will be determined by the falling head test and grain size analysis; the percent passing the 75 µm #200 sieve is to be included for silt content.

Soil Type	Sand	Sandy Loam	Loam	Silty Loam	Clay Loam	Silt - Clay	Clay
T-time (min/cm)	10	12 - 20	17 - 25	20 - 30	30 - 40	40 - 50	50+

Sub-surface conditions encountered:		Applicant's Use		Accepted by Inspector
Indicate <u>depth</u> to bedrock, T>50, &/or high ground water table (where present):	Depth (m)	Soil type	T-time	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTED SEPTIC STONE AND LEACHING BED FILL CERTIFICATION

I, _____, certify that the materials used to construct the sewage system, under the application herein, meet Ontario Building Code requirements, and correspond to the percolation rate on the application and the soils analysis provided to the Town of Perth:

NAME / NUMBER OF LICENSED AGGREGATE PIT	TYPE OF MATERIAL	T-TIME / SILT CONTENT	TESTING DATE (mm/dd/yyyy)
		/	
		/	
		/	

Note: *Leaching bed fill* means soil used to construct of conventional and chamber leaching beds, filter beds, dispersal beds, and area beds as prescribed under specific Building Materials Evaluation Commission authorizations. It may not include a requirement for other soils as prescribed by treatment unit manufacturers; check with the manufacturer before installation. The silt content of *leaching bed fill* must be included in the analysis.

The Town of Perth may require you to submit soil samples for analysis.

Signature of Authorized Agent or Owner

Date

Schedule 4: 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 5: Proposal to Construct

Water Supply: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing			
<input type="checkbox"/> Municipal	<input type="checkbox"/> Drilled well Casing depth: _____ m	<input type="checkbox"/> Dug well <input type="checkbox"/> Sandpoint	<input type="checkbox"/> Other (specify): _____

Provide proposed information instead of minimum requirements:

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Class 5 Holding Tank	<input type="checkbox"/> Treatment Unit	<input type="checkbox"/> Digester Tank
<input type="checkbox"/> New – proposed working capacity: _____ litres		<input type="checkbox"/> Level II	<input type="checkbox"/> Level III
<input type="checkbox"/> Use existing – size: _____ Permit _____		Make / model of treatment unit: _____	

T-time (min/cm) of existing soil: _____	Subsurface detection method: _____	Pump required? <input type="checkbox"/> No <input type="checkbox"/> Macerating <input type="checkbox"/> TBD <input type="checkbox"/> Effluent
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Mantle Loading Area Trench Bed, Leaching Chambers, Filter Bed only	Percolation Time (T) of Existing Soil, min/cm	1 < T ≤ 20	20 < T ≤ 35	35 < T ≤ 50	T > 50
	Loading Rates, (L/m²)/day	10	8	6	4
<input type="checkbox"/> Existing Soil (T ≤ 15) <input type="checkbox"/> Imported Leaching Bed Fill	Q ÷ Loading Rate = _____ m ² Length _____ m x Width _____ m				

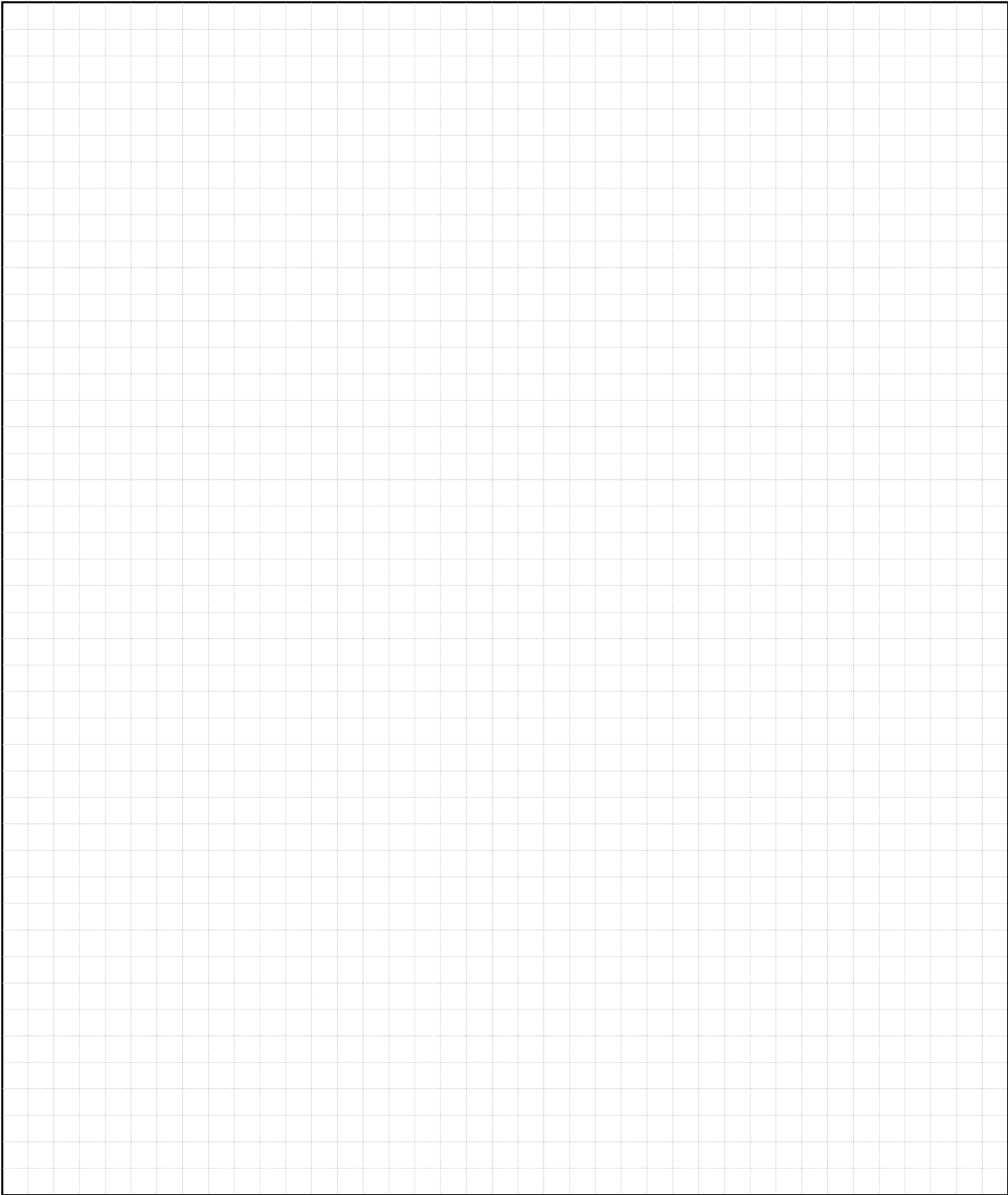
Class 4 Trench Bed Class 4 Leaching Chambers Typical Drawing A	Total pipe length: $\frac{Q \times T}{\quad} = \quad$ m Raised height (above grade): _____ m Conventional & Type I Leaching Chambers $\frac{Q \times T}{200}$ Type II Leaching Chambers $\frac{Q \times T}{300}$
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Class 4 Filter Bed Typical Drawing B	Loading area: $Q \div 75 / 50 = \quad$ m ² If over 50 m ² , # of filter beds: _____ Contact area: $\frac{Q \times T}{850} = \quad$ m ² Raised height (above grade): _____ m If Q ≤ 3000 L/day, Q÷75 If Q > 3000 L/day, Q÷50
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Class 4 BMEC Bed Typical Drawing C, D or E	Specified sand area: $\frac{Q \times T}{400} = \quad$ m ² Length _____ m x Width _____ m Number of modules: $Q \div \quad = \quad$ Raised height (above grade): _____ m
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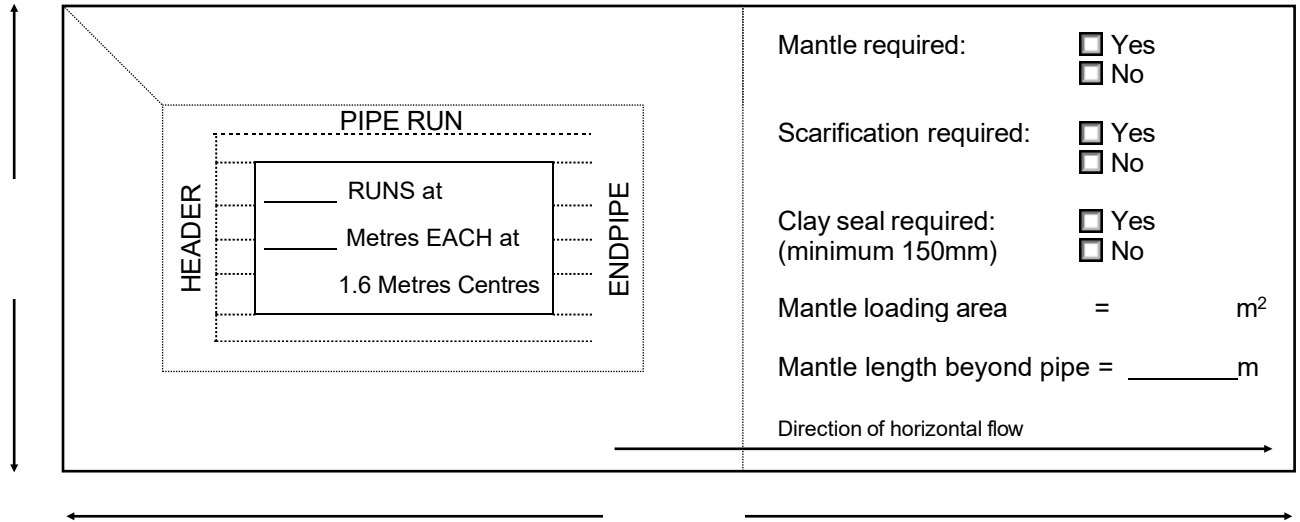
Type A Dispersal Bed Typical Drawing F, G, H or I	Stone area: $Q \div 75 / 50 = \quad$ m ² Raised height: (above grade): _____ m 1 < T ≤ 15 sand area: $\frac{Q \times T}{850} = \quad$ m ² T > 15 sand area: $\frac{Q \times T}{400} = \quad$ m ² If Q ≤ 3000 L/day, Q÷75 If Q > 3000 L/day, Q÷50
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Schedule 6: Site Plan Diagram

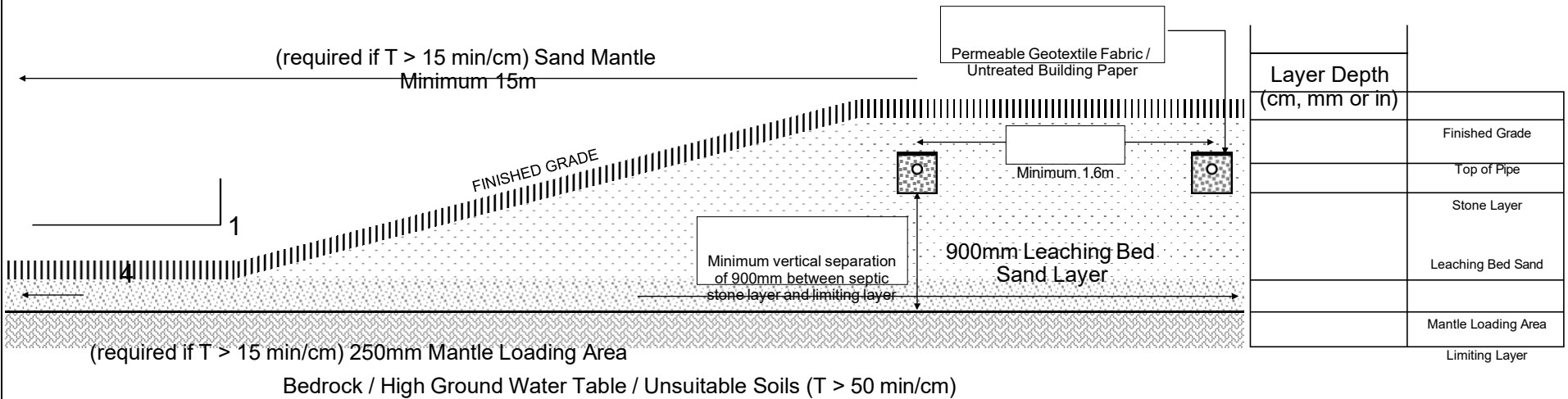


TYPICAL DRAWING A
BURIED OR RAISED LEACHING BED
ABSORPTION TRENCH

Plan View (not to scale)

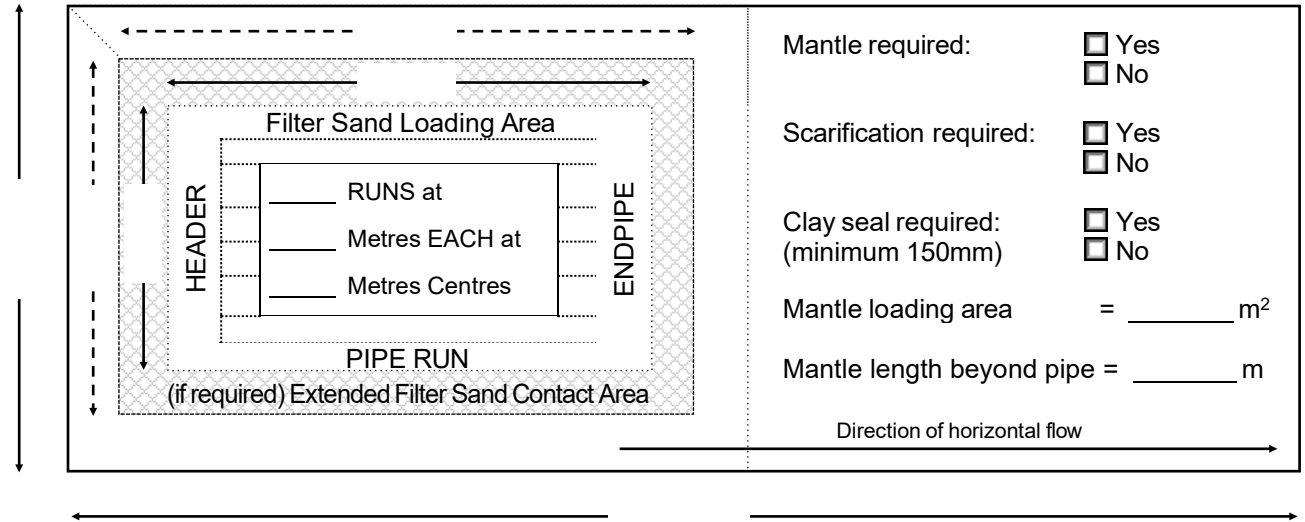


Cross-Section Profile (not to scale)

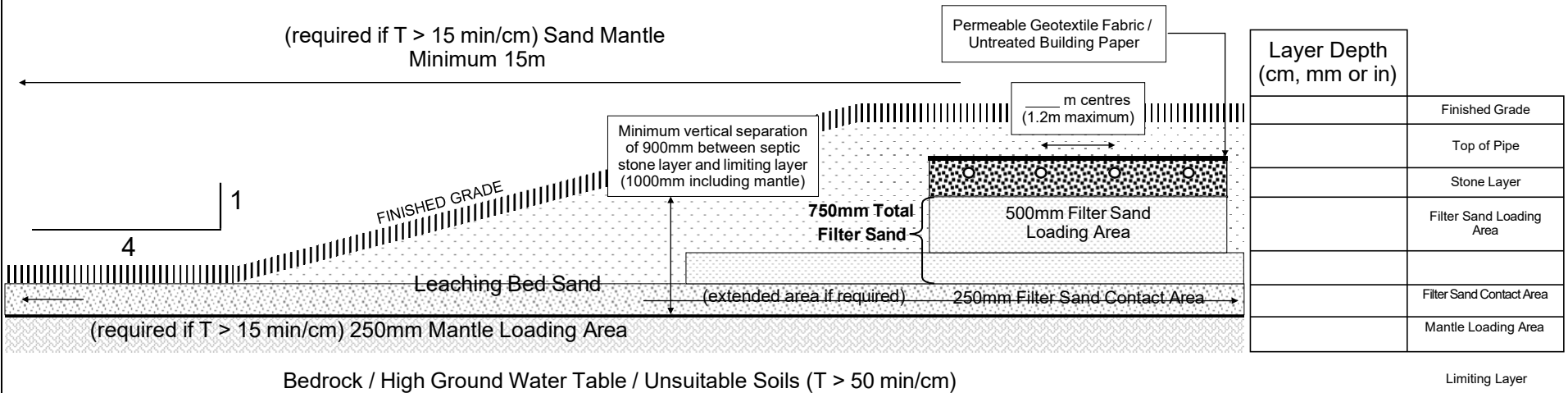


TYPICAL DRAWING B
BURIED OR RAISED FILTER BED

Plan View (not to scale)



Cross-Section Profile (not to scale)





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