Building Permit Guide & Application
Township of Perry, 1695 Emsdale Road, Emsdale ON P0A 1J0

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ON-SITE SEWAGE SYSTEM

The following pages contain the permit application, as well as other forms that may be required for your permit application. The applications have been inserted into this document from the Ministry of Municipal Affairs and Housing and may be updated from time to time.

Approvals required:

1. If you are doing any new construction or additions to any existing structure you may require **Planning approval.**
2. Other Agency and Township Department approvals. eg. Hydro One, MTO, CN, Bell, Township Public Works Entrance Permit, Township zoning requirements, etc.

Building Permit Process:

1. A sewage system permit application is fully completed including Roll Number.
2. The following plans are required:
    a. Site plan sketch to scale showing all existing structures & proposed structures and setbacks from the proposed sewage system (with dimensions and setbacks), well(s), drive way, parking area, overhead hydro lines, etc.
    b. Building plans to scale (2 sets of each) including:
        i. Floor plans
        ii. Cross section of proposed sewage system
3. Ensure that the Schedule 1 "Designer" sheet is completed by the qualified individual who designed the sewage system.
4. Required permit fees

Contents:

- Application for a Permit to Construct or Demolish (MMAH application form)
- Schedule 1: Designer Information
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- Schedule 3: Site Evaluation Inspection
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- Schedule 5: Proposal to Construct
- On-Site Sewage System Required Inspections Declaration
- Declaration for Authorized Agent

The Building Services Department can only accept and review complete applications and plans. The review is to ensure that they meet Ontario Building Code, Municipal by-laws and other applicable law.

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: Township of Perry
(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 *New Home Construction Licensing Act, 2017*? If no, go to section G.	☐ Yes	☐ No
ii. Is a licence required under the *New Home Construction Licensing Act, 2017*?	☐ 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).	☐ Yes	☐ No
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 *Building Code Act, 1992*, 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 *Building Code Act, 1992.*	☐ 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 *Building Code Act, 1992* 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

I _____ declare that (choose one as appropriate):

(print name)

☐ 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: _____

☐ 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: _____

☐ 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:

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:

I _____ declare that:
(print name)

☐ 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;

OR

☐ 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.

I certify that:

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.

_____ _____
Date Signature of applicant

Schedule 3: Site Evaluation Inspection

TEST PIT		Applicant's Use		Inspector's Use	
Indicate depth to bedrock, T>50, &/or ground water table (where present):	Depth (m)	Soil type	T-time	Soil type	T-time
Test hole(s) available for inspection: YES NO Please note: two test holes are required.					

Water Supply:	❑ **Proposed**	❑ **Existing**	
❑ Lake	❑ Drilled well	❑ Dug well	❑ Other (specify):_____

Inspector's Report:

Date: _____ Time: _____ Weather: _____	Suitable for in-ground installation: YES NO PARTIAL Proposed height of raised bed (m): _____ Increased setbacks required? YES NO Setback distances adhered to: YES NO
Person(s) in attendance	
Watercourses on lot: YES NO SRA owned: N/A YES NO Name:	MLA existing: YES NO PARTIAL
Applicable Law: Property Zoning:_____ MTO HYDRO EP OTHER: _____	Proposal acceptable & meets OBC requirements? YES NO Acceptable with changes _____ _____
Slope _____	Inspector's signature: _____
Vegetation _____	Date: _____

Schedule 4: Sewage System Daily Design Flow

DESCRIPTION	DWELLING #1		BOATHOUSE		ARU		Other:_____		# UNITS PER FIXTURE	FIXTURE UNITS
	Existing	Proposed	Existing	Proposed	Existing	Proposed	Existing	Proposed		
Bathroom group (toilet, sink, tub/shower)									**x 6 =**	
Additional toilet									**x 4 =**	
Bathtub or shower(*)									**x 1.5 =**	
Additional sinks(**)									**x 1.5 =**	
Kitchen sink(**)									**x 1.5 =**	
Dishwasher									**x 1 =**	
Washing machine									**x 1.5 =**	
Laundry tub									**x 1.5 =**	
Other:_____										
FIXTURE UNITS									Total:	
FINISHED FLOOR AREA		m^2		m^2		m^2		m^2	Total:	m^2
# OF BEDROOMS									Total:	

Tub/shower combinations are counted as 1.5 units.
Sinks - whether double (e.g., his-and-hers with a shared trap) or single are also counted as 1.5 units

DESIGN FLOW CALCULATION TABLE				
Residential Occupancy			**Volume (L)**	**Flows**
Bedroom flow (A)	1 bedroom dwelling		750	
	2 bedroom dwelling		1100	
	3 bedroom dwelling		1600	
	4 bedroom dwelling		2000	
	5 bedroom dwelling		2500	
Extra bedroom flow (B)	Each bedroom over 5,		500	
Living area flow (C)	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	
Fixture count flow (D)	Each fixture unit over 20 fixture units		50	

Daily Design Sewage Flow Q = _____L/D, Designed for Q = _____L/D

Q = A+(B or C or D)

Schedule 5: Proposal to Construct

❑ **Class 2 Greywater Pit** ❑ **Class 3 Cesspool** **(For flow calculations see OBC Part 8, 8.4.1.2(2): Q cannot exceed 1000 L/D)**				
Type of Class 1 on site:	❑ Privy ❑ Composting ❑ Chemical ❑ Other: _____			
Wall structure:	❑ Cement block ❑ Rock ❑ Wood ❑ Other: _____			
Sidewall area: m^2	Length: m	Width: m	Depth: m	Type of cover: _____

❑ **Septic Tank** ❑ **Class 5 Holding Tank**	❑ **Treatment Unit** ❑ **Digester Tank**
❑ New ❑ Use existing Size _____ Permit #_____	❑ Level II ❑ Level III ❑ Level IV
Proposed working capacity: _____ Liters	Make / Model of treatment unit: _____

T-time (min/cm): _____ Method of distribution line detection: _____	Pump required? ❑ No ❑ Effluent ❑ Raw ❑ TBD

❑ **Class 4F Filter Bed**	Number of beds: _____ Raised height (above grade): _____m	Bed area: _____ m^2 Contact Area: _____ m^2
Mantle loading area: _____m^2 ❑ Native ❑ Imported	Length _____m x Width _____m	

❑ **Class 4 Trench Bed**	Total length: _____m	Raised height (above grade): _____m
Mantle loading area: _____m^2 ❑ Native ❑ Imported	Length _____m x Width _____m	

❑ **Type A / B**	Stone area: _____m^2 Sand area: _____m^2	Sand area: ❑ Native (supply sieve analysis) ❑ Imported Raised height (above grade): _____m

❑ **SBT / BNQ / BMEC**	
Attach valid CAN-BNQ or BMEC approval to each application.	

ON-SITE SEWAGE SYSTEM REQUIRED INSPECTIONS

All inspection requests are to be received at least 2 municipal business days prior to each stage of construction. Next business day inspection requests may be possible if booked by 3:00 p.m. and the schedule allows the inspection.

First Inspection

The first inspection for an on-site sewage system takes place after a complete application for a sewage system permit has been submitted. At this stage, the inspector conducts a site visit to verify the soil classification on which the sewage system design is based. If a fully in-ground bed is being proposed, it is important that two test holes are excavated within the location of the proposed septic bed, each to a depth of five feet.

Base Inspection

The base inspection is not always required; however, it may be included as a condition after the first inspection has been completed and a sewage system permit has been issued. This inspection occurs once the entire bed area has been excavated. At that time, an inspector is called to the site to verify that the soil conditions are suitable for an inground system.

Substantial Inspection

The substantial inspection (second inspection) takes place when the sewage system is substantially complete. At this stage, the inspector will verify the size of the septic tank and inspect the interior through both access lids. If the system includes a pump chamber, it must be equipped with a functioning audible and visual alarm at the time of inspection.

The septic bed must be fully prepared for inspection and must not be covered; all distribution pipes must remain exposed. The inspector will probe the bed to confirm that the required imported soil depths have been achieved. An approved sand analysis from a credible laboratory must be provided at the time of inspection, along with documentation of the quantity of sand installed (e.g., tonnes or cubic yards of filter sand).

The inspector will also measure the length and spacing of the distribution pipes, review all system components, and confirm that all required setbacks have been maintained. Once inspection is complete the inspector will give the go ahead to backfill.

Final

A final inspection takes place once the septic tank and pump chamber lids are at grade, the septic bed has over 60% coverage with shallow-rooted vegetation, and all grading work is complete. After the system passes inspection, the inspector will issue final approval on the sewage system building permit, and the system can then be put into use.

Declaration

I declare that I have an obligation to contact the Building Department, at 705-636-5941 at least two (2) business days in advance of the required construction phase inspections as listed by the Chief Building Official which require an inspection.

Sworn before me at the Township of Perry, in the District of Parry Sound, this ____ day of _____, 20____.

_____ _____

Applicant CBO/Commissioner

Declaration for Authorized Agent

Owner's Authorization

Authorization to submit an application for a Sewage System Building Permit by a person other than the legal owner.

I_____, being the legal owner of the property described as

Lot_____, Concession_____, Pt. _____, Plan_____,

Parcel_____, in the Township of Perry, located in the district of Parry Sound.

Civic address_____, and having a

Tax Assessment Roll Number of _____,

Authorize_____, to submit an application to the Township of Perry for a sewage system building permit to authorize the construction of an on-site sewage system at the above noted property.

Dated at _____ City/Town

Signature of Legal Owner _____ Date _____