



Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

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. 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 ()	
C. 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 ()	
D. 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 ()	
E. 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			
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): _____			

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 2.20.2.1]		
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems
Description of designer's work		
D. Declaration of Designer		
I _____ declare that (choose one as appropriate): (print name)		
<input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories. Individual BCIN: _____ Firm BCIN: _____		
<input type="checkbox"/> I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. of the Building Code. Individual BCIN: _____ Basis for exemption from registration: _____		
<input type="checkbox"/> 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 authority to bind the corporation or partnership (if applicable).		
_____	_____	
Date	Signature of Designer	

*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

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 2.18.1.1?			
<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:			
I _____ declare that:			
(print name)			
<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;			
<u>OR</u>			
<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.			
I certify that:			
1. The information contained in this schedule is true to the best of my knowledge.			
2. I have authority to bind the corporation or partnership (if applicable).			
_____		_____	
Date		Signature of applicant	



Schedule 3

A large, light-colored dotted triangle graphic that frames the central text.

**Lot
Identification
Identification
du lot**

Name

Nom

Lot No.

N^o du lot



Do Not Complete
Permit No _____
Revision No _____
Date _____

Schedule 4 Proposed Services

1. Engineered

- Yes
- No

2. Water supply

- Proposed
- Existing

3. Type of work proposed

- New Installation
- Replacement
- Alteration

4. Type of Well

- Dug/bored/Sandpoint well
- Drilled well
- Municipal
- Other

5. Residential Sewage Design Flow Info.

Bedrooms _____
 House (floor area) _____ m²
 People _____
 Total Fixture Units _____ (Schedule 8)
 Residential Flow _____ L/day

6. Sewage Design Flow for Other Occupancies

Design Flow _____ L/day
 Detailed sewage flow calculations:

7. Type of System

- Treatment Unit _____
- Class 2 – Leaching Pit
- Class 3 – Cesspool
- Class 4 – Shallow Buried Trench

- Class 4 – Trench
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – Filter Media
 - Fully raised
 - Partially raised
 - In-ground

- Class 4 – Area Bed
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – Aerobic with Trench
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – Aerobic with Filter Media
 - Fully raised
 - Partially raised
 - In-ground
- Class 5 – Holding Tank



Do Not Complete
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Schedule 5 Sewage System Details

Type of System _____ (Schedule 4)

Septic/Holding Tank _____ L

Septic Tank Effluent Filter _____

Treatment Unit – Make & Model _____

Number of Units _____

Refer to Typical Drawing _____

Pump(s) required _____

Mantle Information:

Pump Rate _____ L/15min

Native or imported =15m in _____ direction(s)

Note: Alarm required for all
pumping systems

Slope subgrade _____ % slope

_____ direction(s)

Site to be Scarified (If in clay) YES / NO

Clay Seal Required (If in bedrock) YES / NO

Trench

Distribution Pipe Length _____ m

Loading Area _____ m²

Type of Chamber _____

Length of Chamber _____ m

Area Bed

Stone _____ m²

Sand _____ m²

Pipe _____ m

Shallow Buried Trench

Pipe Length _____ m

Filter Media Bed

Stone _____ m²

Extended Base _____ m²

Pipe _____ m

Weight of Filter Media _____ Kg

Loading Area _____ m²

Construction Notes: _____



Do Not Complete
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Date _____

Schedule 6
Soil and Water Table Information
(Minimum depth of test pit: 2 metres)

Name of Applicant/Agent: _____ Date: _____ Time: _____ Applicant/Agent Signature: _____	Inspector: _____ Date: _____ Time: _____ Inspector Signature: _____
---	---

	EG (.....)	Soil Description	T		EG (.....)	Soil Description	T
1.0 m	-----	-----		1.0 m	-----	-----	
1.5 m	-----	-----		1.5 m	-----	-----	
2.0 m	-----	-----		2.0 m	-----	-----	

	EG (.....)	Soil Description	T		EG (.....)	Soil Description	T
.5 m	-----	-----		.5 m	-----	-----	
1.0 m	-----	-----		1.0 m	-----	-----	
1.5 m	-----	-----		1.5 m	-----	-----	
2.0 m	-----	-----		2.0 m	-----	-----	

LEGEND
 BR = Bedrock HGWT = High ground water table EG = Existing grade
 GWT = Ground water table M = metres T = percolation rate



Do Not Complete
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Scale: 1Block = _____

**Schedule 7
Layout Section**

N

_ Dug Well _ Drilled Well _ Neighbouring Homes ◊ Benchmark --- Tile Drainage __ Property Line

Elevations (metric only)
B.M _____ m
B.M Description _____
Exact Location _____

Min. of 5 elevations in proposed system area
(in X pattern)
X₁ _____ X₂ _____
X₃ _____ X₄ _____
X₅ _____ X_{6 (toe)} _____
X₇ _____ X₈ _____



Do Not Complete
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Schedule 8
Fixture unit count

Fixtures	# Existing + # Proposed			X	unit count	=	Fixture Count
Bathroom							
Bathroom group (toilet, sink and tub or shower) with flush tank		+		X	6	=	
Bathtub with/without overhead shower		+		X	1.5	=	
Shower stall		+		X	1.5	=	
Wash basin (1½inch trap)		+		X	1.5	=	
Watercloset (toilet) tank operated		+		X	4	=	
Bidet		+		X	1	=	
Kitchen							
Dishwasher		+		X	1	=	
Sink with/without garbage grinder(s), domestic and other small type single, double or 2 single with a common trap		+		X	1.5	=	
Other							
Domestic washing machine		+		X	1.5	=	
Combination sink and laundry tray single or double (Installed on 1½ trap)		+		X	1.5	=	

Total:

Insert the TOTAL in section 5 of Schedule 4 (O.Reb.403/97 Table 7.4.9.3)

1. Sump pumps and floor drains are not to be connected to the sewage system. Connection of such fixtures to a sewage system may lead to a hydraulic failure of the said system. The above mentioned fixtures should be discharged separately to an approved Class 2 (leaching pit) sewage system.
2. Where laundry waste is not more than 20% of the total daily design sanitary sewage flow, it may discharge to a sewage system (Part 8, OBC, 8.1.3.1(2)).

Agent/Owner signature

Date



TOWN OF ARNPRIOR
SEPTIC APPROVAL PERMIT

SCHEDULE 9 - TYPICAL DRAWING A
BURIED OR RAISED TILE BED - ABSORPTION TRENCH METHOD

DATE _____ MANAGER, O.S.S.O.



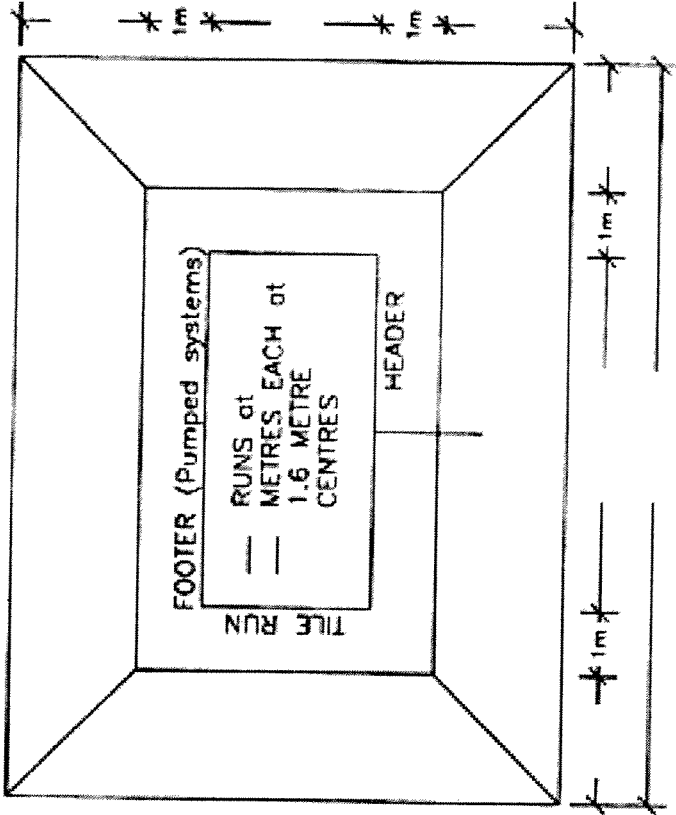
PLAN

Is mantle required:

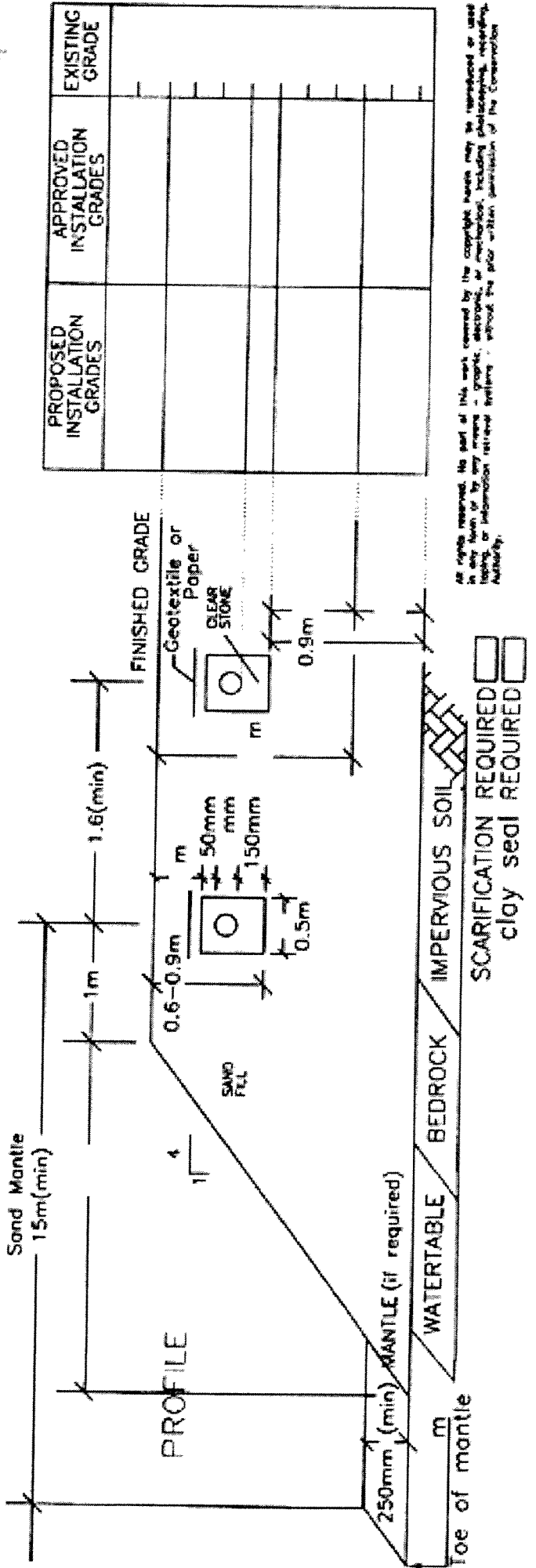
Yes

No

If Yes, in what direction _____



NOT TO SCALE



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES	EXISTING GRADE

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SCARIFICATION REQUIRED
cloy sed REQUIRED



TOWN OF ANPRIOR
SEPTIC APPROVAL PERMIT

SCHEDULE 11 - TYPICAL DRAWING C
BURIED OR RAISED TILE BED - AREA BED METHOD

Septic Permit # _____
 Date _____
 Revision _____
 Applicant _____
 Municipality _____
 Scarification required Yes No

DATE _____ MANAGER, O.S.S.O.



PLAN

Is mantle required:

Yes

No

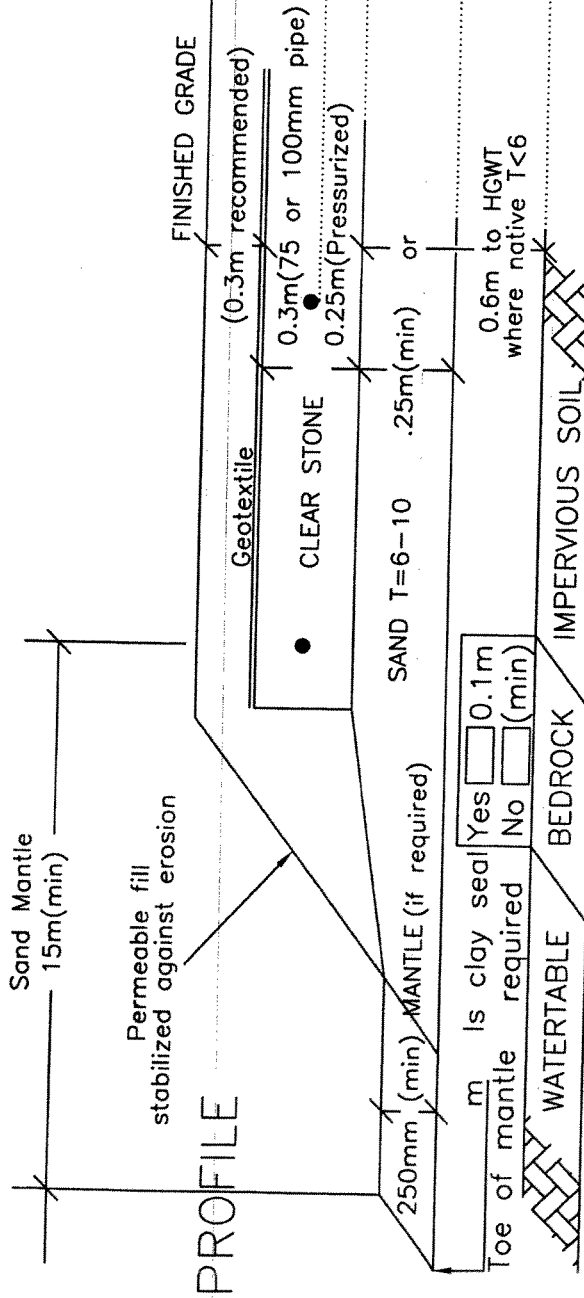
If Yes, in what direction _____

FOOTER (Pumped systems)
 RUNS at _____ METRES EACH at _____ METRE CENTRES (1.2m max)
 HEADER

STONE LAYER = _____ m²

SAND LAYER = _____ m²

NOT TO SCALE



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE

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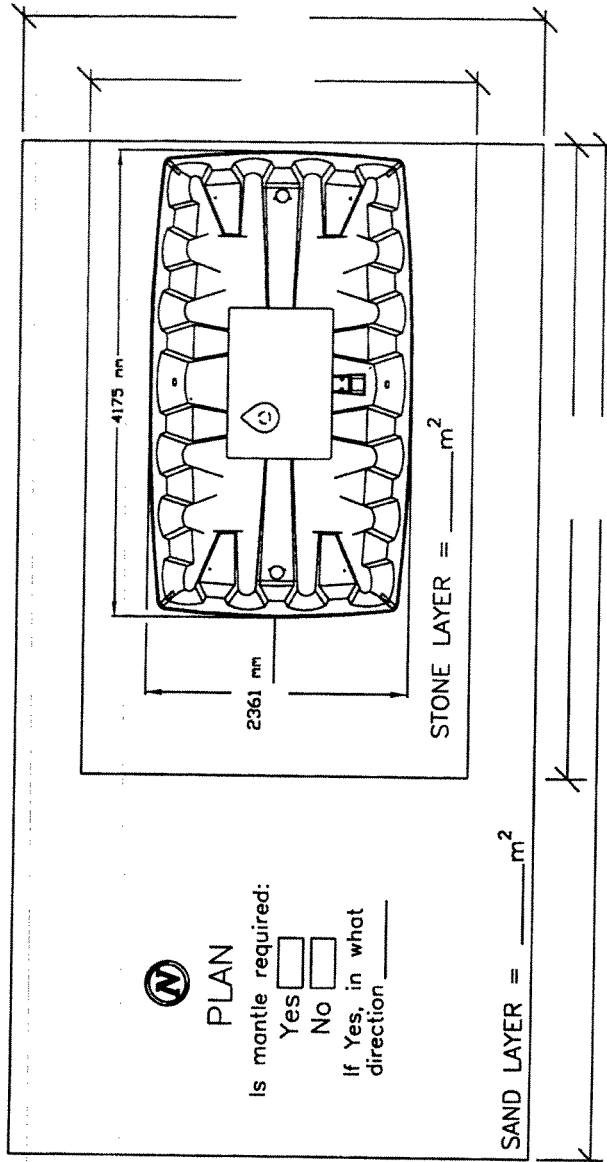


TOWN OF ARNPRIOR
SEPTIC APPROVAL PERMIT

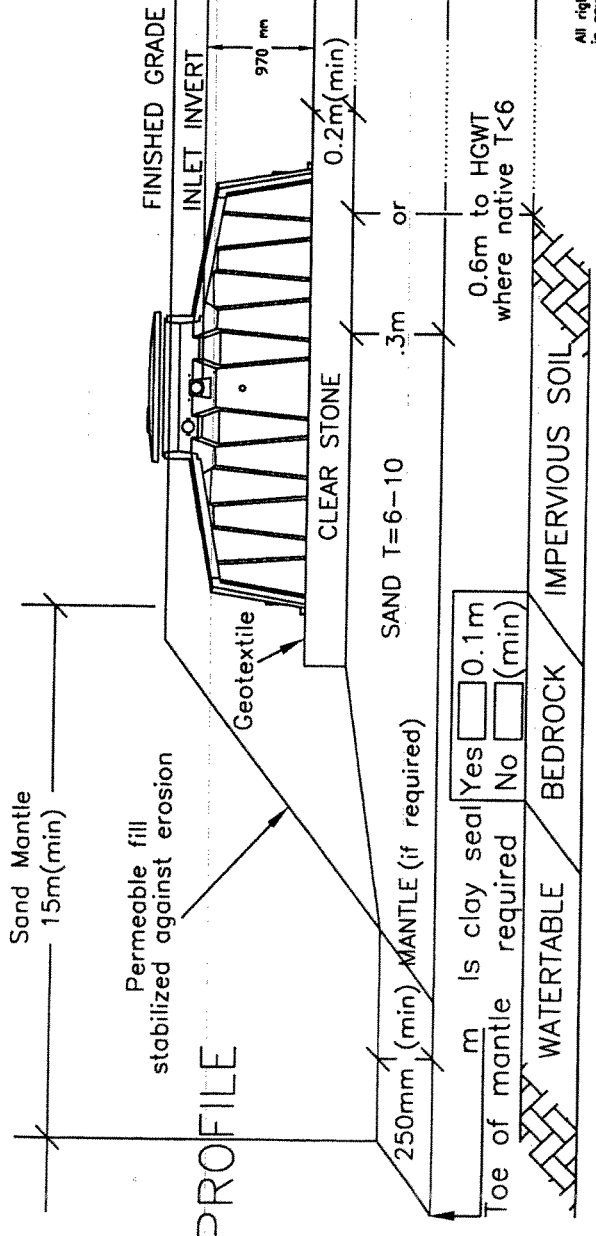
SCHEDULE 12 - TYPICAL DRAWING D
BIOFILTER METHOD

Septic Permit # _____
 Date _____
 Revision _____
 Applicant _____
 Municipality _____
 Scarification required Yes No

_____ DATE _____ MANAGER, O.S.S.O.



NOT TO SCALE



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCCSO)	EXISTING GRADE

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