

SEWAGE SYSTEM APPLICATION CHECKLIST

All applications will require the bolded items listed below.

- 1) Fee payment (cash, debit, cheque or etransfer to treasurer@northfrontenac.ca)
- 2) Completed Sewage System permit application package:
 - a) **Proposed Sewage System Design**
 - b) **Plot/site plan showing distances from all lot lines, high water mark, overhead power lines and all buildings**
 - c) **Cross-section drawing of Sewage System**
 - d) **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).**
 - e) **Sewage System Setback Waiver/Inspection Requirements form**
 - f) **Agent/Owner Authorization letter**
- 3) Conservation Authority, MNR, Agriculture, or MOE approvals (where applicable)
- 4) A separate calculation page will be required if the sewage system includes non-residential occupancies
- 5) Copy of Tax bill or Deed (proof of land ownership)
- 6) Survey of property (upon request)
- 7) Site Plan or Development Agreement (if required from Planning Services)

Are renovations or additions proposed? Yes No

If this application is for a vacant lot in North Frontenac, we will require a separate completed dwelling application to be submitted as well.

Note: The property owner, applicant, designer, and installer of the sewage system retain full! responsibility to ensure that the sewage system is designed and installed in accordance with the approved plans, the *Building Code Act*, and the Ontario Building Code.

Directions to lot or property address:

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: _____ (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 <i>New Home Construction Licensing Act, 2017</i> ? If no, go to section G.			Yes	No
ii. Is a licence required under the <i>New Home Construction Licensing Act, 2017</i> ?			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). 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.			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 <i>Building Code Act, 1992</i> .			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 <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.			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			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>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>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>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="text-align: center;"> _____ 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) (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:			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p>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>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 style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> 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		Approved by Inspector
Indicate <u>depth</u> to bedrock, T>50, &/or high ground water table (where present):	<u>Depth (m)</u>	<u>Soil type</u>	<u>T-time</u>
			<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 Township of South Frontenac:

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 Township of North Frontenac 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 7.0 =				x 7.0 =	
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 1.5 =				x 1.5 =	
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"/> Lake	<input type="checkbox"/> Drilled well	<input type="checkbox"/> Dug well	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Shore well	Casing depth: _____ m	<input type="checkbox"/> Sandpoint	

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"/> Level IV
<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				

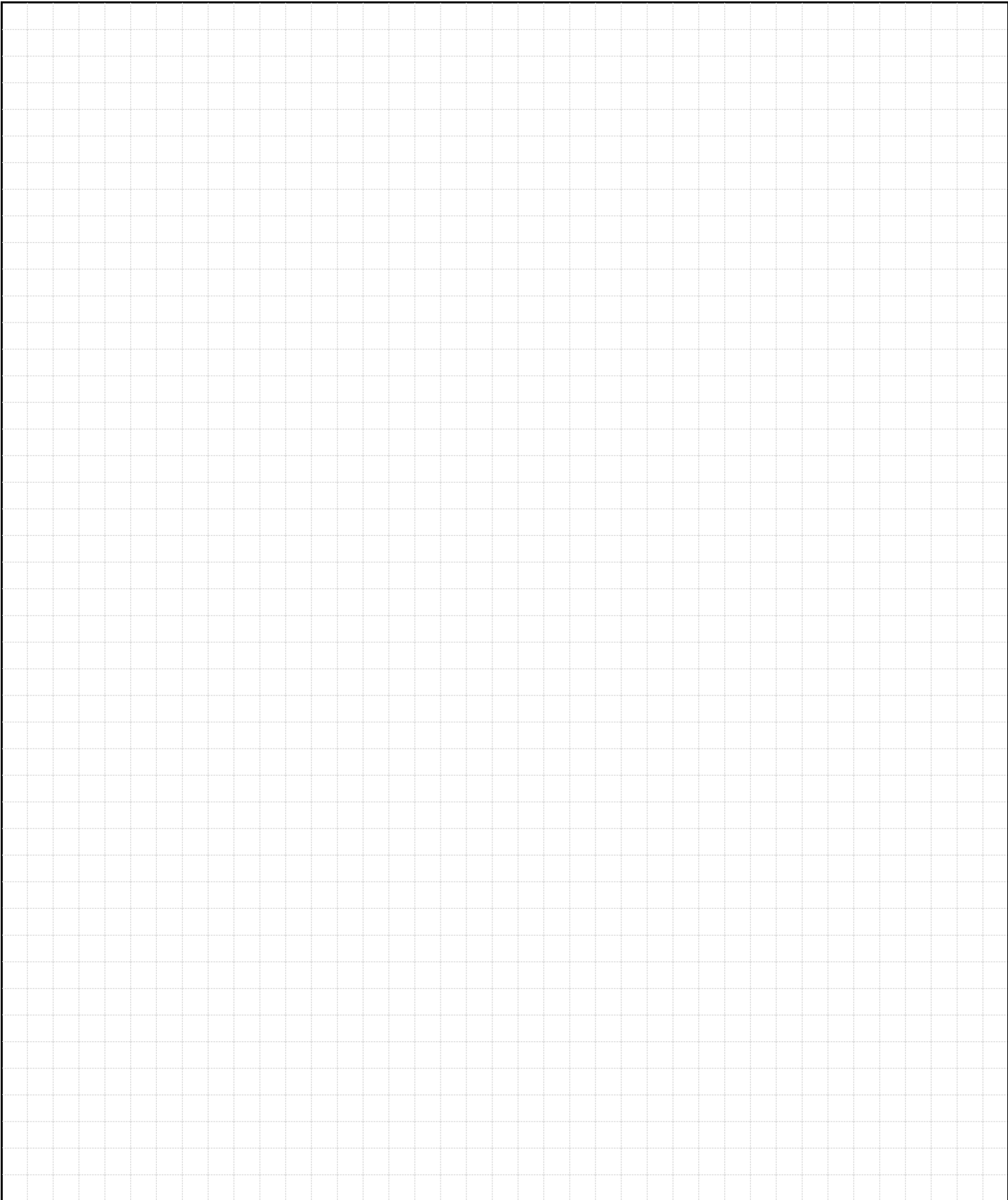
Class 4 Trench Bed Class 4 Leaching Chambers Typical Drawing A	Total pipe length: $\frac{Q \times T}{200} =$ _____ m Raised height (above grade): _____ m Conventional & Type I Leaching Chambers $\frac{Q \times T}{200}$ Type II Leaching Chambers $\frac{Q \times T}{300}$
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Class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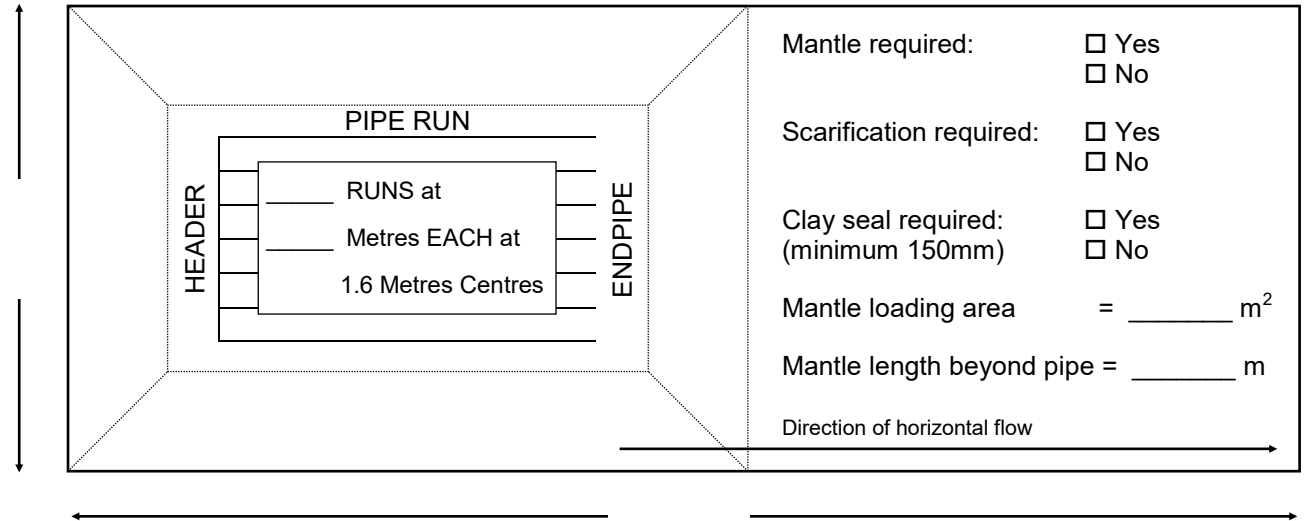
Type A Dispersal Bed Typical Drawing F, G, H or I	Stone area: $Q \div 75 / 50 =$ _____ m ² Raised height (above grade): _____ m If Q ≤ 3000 L/day, Q÷75 If Q > 3000 L/day, Q÷50 1<T≤15 sand area: $\frac{Q \times T}{850} =$ _____ m ² T > 15 sand area: $\frac{Q \times T}{400} =$ _____ m ²
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Schedule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

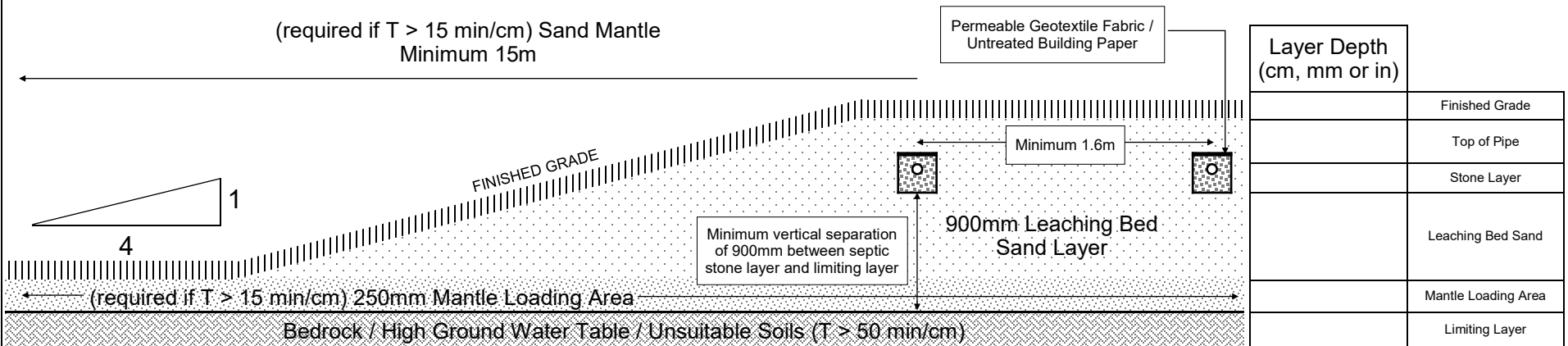


TYPICAL DRAWING A
BURIED OR RAISED LEACHING BED
ABSORPTION TRENCH

Plan View (not to scale)

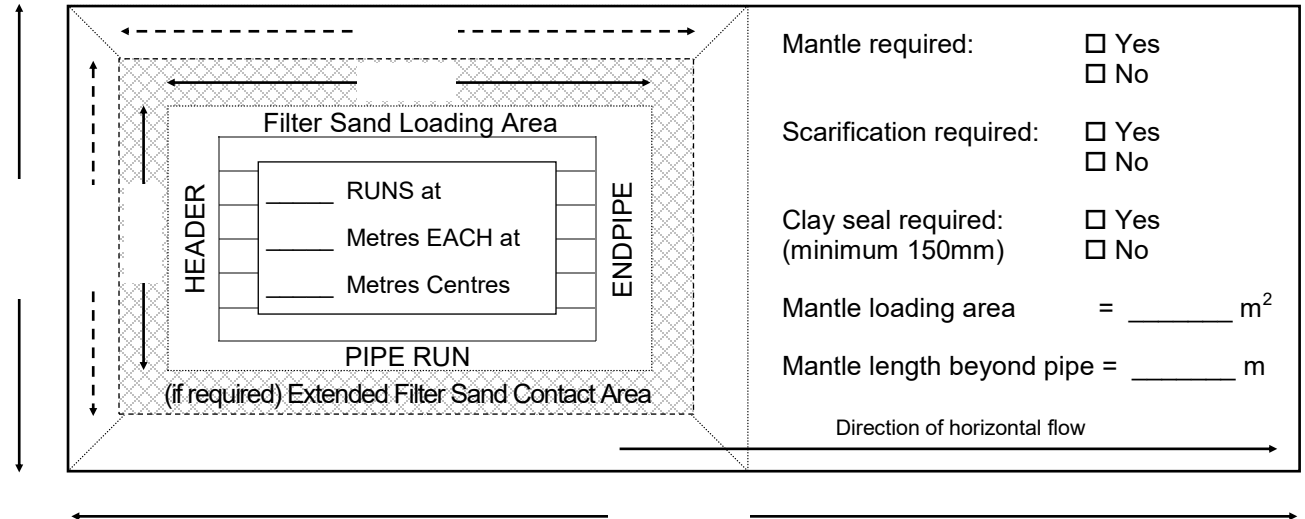


Cross-Section Profile (not to scale)

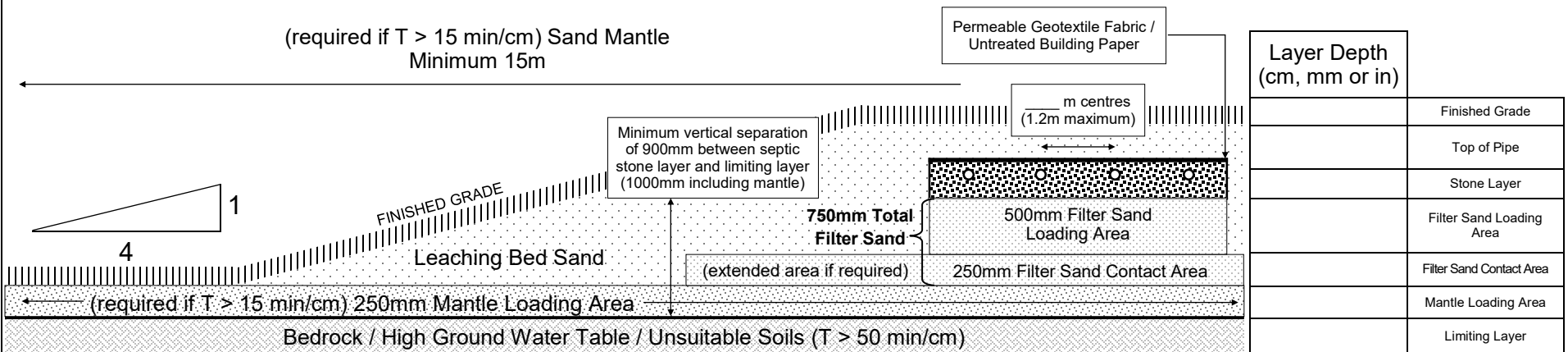


TYPICAL DRAWING B BURIED OR RAISED FILTER BED

Plan View (not to scale)



Cross-Section Profile (not to scale)



Agent/Owner Authorization Form

A. Project Information

Street Address: _____

Proposed project:

B. Party to be authorized

Name: _____

Corporation or Partnership: _____

Address: _____ Lot/Con: _____

Phone #: _____ Cell #: _____ Email: _____

C. Declaration of Owner

I, _____, being the Registered Owner of the above property hereby authorize the party stated in Section B of this form to make application for permit on my behalf to Building Services of the Township of North Frontenac in accordance with the applicable requirements of the Ontario Building Code for the purpose of the identified project.

Date: _____ Signature: _____

The Ontario Building Code states that “owner includes, in respect of the property on which the construction or demolition will take place, the registered owner, a lessee or mortgagee in possession”.

Note: This form is valid only for one access to Building Permit record application. Subsequent applications by an authorized agent will require a new agent authorization form completed by the current property owner.