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 n	umber (if differen	t):		
Date received:		Roll num	nber:			
Application submitted to:(Name of mu	Tay V nicipality, upper-tier mur	alley To		servatio	n authority)	
A. Project information						
Building number, street name					Unit number	Lot/con.
Municipality	Postal code		Plan number/oth		cription	
Project value est. \$			Area of work (m²	²)		
B. Purpose of application						
ex	ldition to an isting building		tion/repair	D	emolition	Conditional Permit
Proposed use of building	Curr	ent use of	building			
Description of proposed work						
C. Applicant Applicant is:		/	Authorized agen			
Last name	First name		Corporation or p	artners	ship	
Street address					Unit number	Lot/con.
Municipality	Postal code		Province		E-mail	
Telephone number ()	Fax ()				Cell number	
D. Owner (if different from applica	nt)					
Last name	First name		Corporation or p	artners	ship	
Street address	1	I			Unit number	Lot/con.
Municipality	Postal code		Province		E-mail	
Telephone number ()	Fax ()	1			Cell number	

E. Builder (optional)				
Last name	First name	Corporation or partnersh	ip (if applicable)	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax		Cell number	
()	()		,	
F. Tarion Warranty Corporation (Ontario				
 i. Is proposed construction for a new hom Plan Act? If no, go to section G. 			Yes	No
ii. Is registration required under the Ontari	o New Home Warranties	Plan Act?	Yes	No
				1
iii. If yes to (ii) provide registration number	(s):			
G. Required Schedules				
i) Attach Schedule 1 for each individual who rev	iews and takes responsi	oility for design activities.		
ii) Attach Schedule 2 where application is to cons	struct on-site, install or re	pair a sewage system.		
H. Completeness and compliance with a	pplicable law			
i) This application meets all the requirements of	clauses 1.3.1.3 (5) (a) to	(d) of Division C of the	Yes	No
Building Code (the application is made in the				
applicable fields have been completed on the schedules are submitted).	application and required	schedules, and all require	ea	
Payment has been made of all fees that are re	equired, under the applic	able by-law, resolution or	Yes	No
regulation made under clause 7(1)(c) of the E	uilding Code Act, 1992,	o be paid when the	163	INO
application is made.	and anacifications proces	ihad by the applicable by	low v	
 This application is accompanied by the plans resolution or regulation made under clause 7 	1)(b) of the Building Cod	e Act, 1992.		No
iii) This application is accompanied by the inform				No
law, resolution or regulation made under clau- the chief building official to determine whethe				
contravene any applicable law.	3,			
iv) The proposed building, construction or demol	tion will not contravene a	any applicable law.	Yes	No
I. Declaration of applicant				-
1			de	clare that:
(print name)				
The information contained in this applic	ation attached schedule	s attached plans and spe	rifications and of	her attached
documentation is true to the best of my	knowledge.			no. allaonoa
2. If the owner is a corporation or partners	nip, I have the authority t	o bind the corporation or p	partnership.	
Date	Signature of a	pplicant		_

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 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 C1 House HVAC - House **Building Structural Small Buildings** Plumbing - House **Building Services** Large Buildings Detection, Lighting and Power Plumbing - All Buildings **Complex Buildings** Fire Protection On-site Sewage Systems Description of designer's work Declaration of Designer 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.

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.
- 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 Association of Professional Engineers of Ontario.

Signature of Designer

Schedule 2: Sewage System Installer Information

A. Project Information				
Building number, street name			Unit number	Lot/con.
Municipality	Postal code	Plan number/ other descr	iption	
B. Sewage system installer				
Is the installer of the sewage system engagemptying sewage systems, in accordance	with Building Co	ode Article 3.3.1.1, Division (?	
Yes (Continue to Section C)	No	(Continue to Section E)		nknown at time of n (Continue to Section E)
C. Registered installer information	n (where answ	ver 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	on (where ans	wer to section B is "Yes	")	
Name of qualified supervisor(s)		Building Code Identification	Number (BCIN)	
E. Declaration of Applicant:				
1				declare that:
(print name)				
I am the applicant for the permi shall submit a new Schedule 2				ne of application, I
OR I am the holder of the permit to is known.	construct the sew	/age system, and am submit	ting a new Schedule	2, now that the installer
I certify that:				
The information contained in this	s schedule is true	to the best of my knowledge) .	
If the owner is a corporation or p				hip.
		,	, ,	
Date		Signature of applicant		



I, Property Owner Name_, being the	_, being the legal owner of the subject property (described below),
authorize Authorized Agent Name	ent Name (contact information below) to apply for a sewage system
permit and the associated site inspect	site inspections on my behalf. I accept responsibility to ensure that all
information provided for the septic system permit is true and accurate.	stem permit is true and accurate.

MOHHI DAY IGAL	Date	
	Signature of Authorized Agent	
	Signature of Legal Owner	

	Subject Property Infor	nformation	Authorize	Authorized Agent Information
Civic Address			Mailing Address	
Township/ Former Ward			Phone	
Roll Number			Fax	
Lot		Concession	BCIN (If applicable)	
Sublot		Plan		



Do Not Complete
Permit No
Revision No
Date
· · · · · · · · · · · · · · · · · · ·

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 ³		+		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 2							
Domestic washing machine		+		X	1.5	=	
Combination sink and laundry tray single or double (Installed on 1½ trap)		+		X	1.5	=	

- 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 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)).
- 3. Dishwasher No load/fixture uint if connected to domestic sink.

* Total:

^{*}Insert the TOTAL in section 5 of Schedule 4 (0.Reg 151/13 Table 7.4.9.3)



Schedule 13 Part 10 & 11 Site Amendment

Required attachments

To be supplied by applicant/agent at applicant's expense

- 1. Documents to describe your current septic system:
 - A. Copy of current sewage system (Use permit/ Certificate of Completion) **OR**
 - B. Professional engineer's report indicating size and location of system
- 2. Documents to describe proposed change/renovations
 - A. Copy of site plan: Drawn to scale, indicating the layout of the existing building, wells structures
 - B. Completed Schedule 8 Fixture Unit Count
 - C. Copy of Building Plans: Drawn to scale, showing the changes/additions as proposed

Site Amendment/Description of Proposed Change/Renovation

			Total
	+	=	
	+	=	
	+	=	
d (e.g. Office to ware	The state of the s		
osed use:	,		
	e Units proposed oms proposed ncy (e.g. residential to	+ + + + + + + + + + + + + + + + + + +	+ = + = of the gross area of the dwelling unit for proposed addition e Units proposed oms proposed ncy (e.g. residential to commercial) d (e.g. Office to warehouse)