



For use by Principal Authority Only

Application number: _____ Date Received: _____

Amount Paid: _____ Receipt No.: _____ Cash Debit MO ! Cheque Credit Card !Telephone Payment

Application Submitted to: Northeastern Public Health
(Name of municipality, upper-tier municipality, board of health or conservation authority)

Northeastern Public Health
inspections@neph.ca 1-877-442-1212
Postal Bag 2012, Timmins, ON P4N 8B7

A. Project information

Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Roll Number		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>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

Directions to Property:

Onsite Sewage System Design Criteria (For non-residential applications, attach information used to determine total daily Sewage Flow “ Q “.)

Fixture Units for all Buildings to be serviced by the proposed sewage system from Table 7.4.9.3.

Type of Fixture	Amount	x	Hydraulic load Fixture	=	Total fixture units
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
				Fixture unit total	=

# of bedrooms		=	L/day	See Table 8.2.1.3.A. Residential Occupancy
# of Fixture units >20	x 50	=	L/day	50 L/FU>20 See Table 8.2.1.3.A.
Floor area over 200 m ²	÷ 10 x 100	=	L/day	100L/10m ² >200m ² See Table 8.2.1.3.A.
Total daily sewage flow	Q	=	L/day	

Depth of existing soil to: 1) Bedrock/Hardpan _____m 2) High Groundwater Table _____m

Describe proposed Sewage System area: Degree of Slope: _____ Vegetation: _____

Soil to be used for Sewage System: Existing Imported

T-time (percolation rate) T = _____min./cm Lab analysis required for native or imported soil which will contain the septic system.

Describe soils down slope of Sewage System: Type of Soil: _____ Vegetation: _____

Is location subject to flooding? Yes No **Method of subsurface detection:** Magnetic Means 14 Gauge TW Solid Copper Tracer Wire Other (specify): _____

Water Supply

Proposed Type: Municipal Drilled Well Dug Well Other (describe): _____
 Existing Well records of existing wells must be attached to application.

Neighbouring wells within 30 metres of proposed septic system

Type: Drilled Dug Well Other (describe) _____
 Well records of existing wells must be attached to application.

Class 2 Greywater Pit

200L/fixture unit (pressurized) cannot exceed 1,000L/day

Sidewall Loading rate (L_R) $L_R = 400 \div T$ _____ = _____ (L/day/m²)

Total Daily Sewage Flow (Q from page 5) = _____ $\div L_R$ _____ = _____ m² of sidewall

Design Details: Wall structure and dimensions _____

Type of Class 1 to be used: Privy Composting Chemical Electrical Other _____

Septic Tank Size

Septic Tank Size = Q _____ x 2 = _____ Litres minimum 3600 litres (Non residential use = Q x 3)

Concrete Polyethylene

Class 4 Sewage System Leaching Bed

Note: Section 8.7 Leaching Beds refers to distribution pipe, any application that does not use perforated pipe and stone must have the appropriate supporting documentation attached to this application

Q X T $\div 200$ = Q _____ x T _____ $\div 200$ = _____ m \div # of runs _____ = _____ m per run

Raised height above natural grade _____ m (Minimum leaching bed size is 40 metres)

TABLE 8.7.4.1.A.

Loading Rates for Fill Based Absorption Trenches and Filter Beds Forming Part of Sentences 8.7.4.1.(1) and 8.7.5.2.(2)

Percolation Time (T) of in-situ Soil (min/cm)	Loading Rates (L/m ² /day)			Loading Area
1 < T \leq 20	10	Q \div 10	\div 10 =	m ²
20 < T \leq 35	8	Q \div 8	\div 8 =	m ²
35 < T \leq 50	6	Q \div 6	\div 6 =	m ²
T > 50	4	Q \div 4	\div 4 =	m ²
Column 1	Column 2			

Class 4 Sewage System Filter Bed (See note above)

Q < 3000 litres = Q _____ \div 75 = _____ m²

Q > 3000 litres = Q _____ \div 50 = _____ m²

Extended Contact Area $\frac{Q \times T}{850}$ $\frac{Q}{850} \times T$ _____ = _____ area of contact in m²
(Base of Filter) 850 850

Filter Bed area _____ m² Contact Area _____ m² Raised Height above natural grade _____ m

Class 5 Holding Tank

Requirements - Audio/Visual Alarm, 3" venting, Minimum size 9,000L, Pumping contract must be attached.

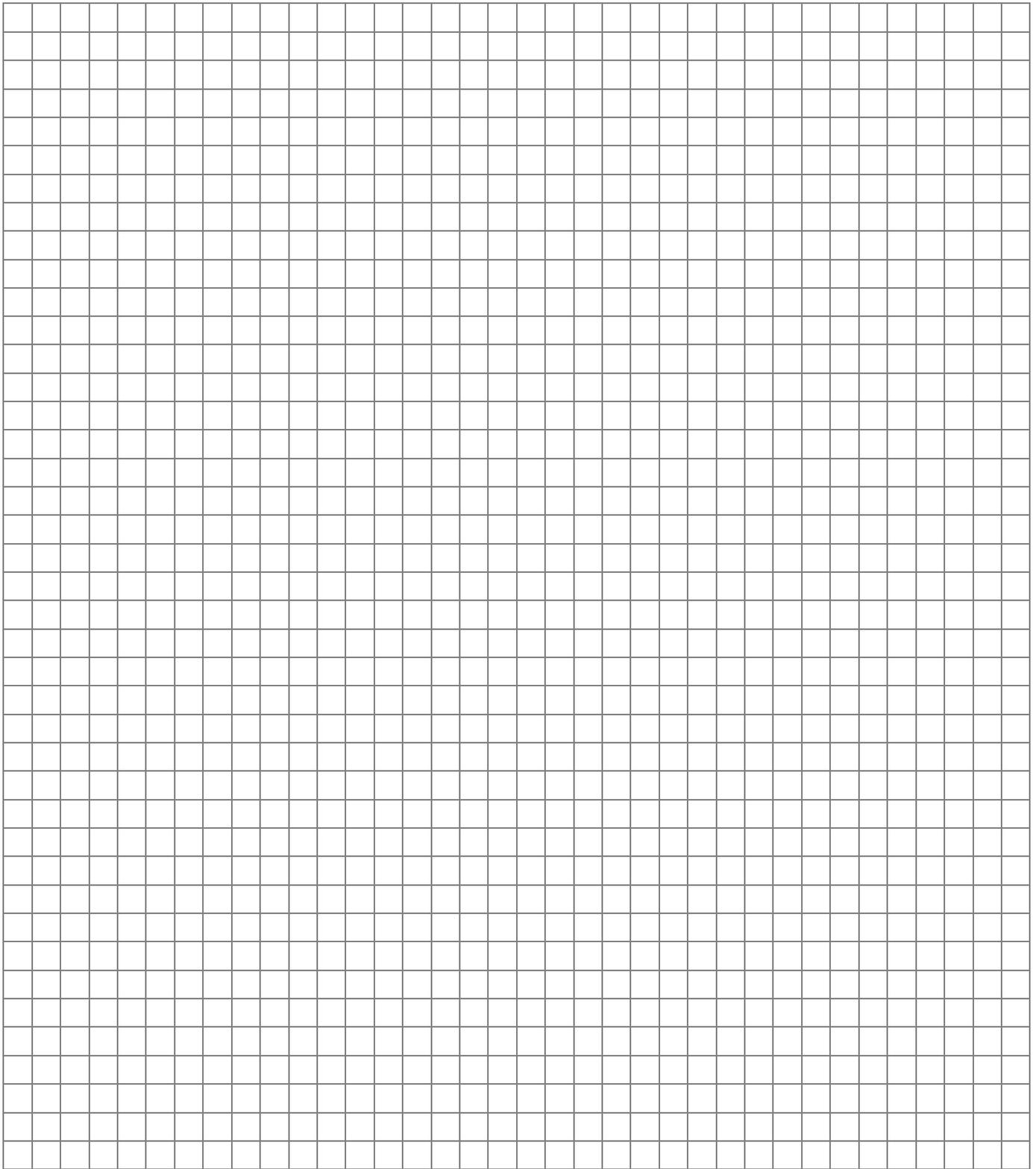
Q x 7 = Size Q _____ x 7 = _____ L (residential)

Other type of system or system components

BMEC Approvals and product information must be attached.

For any of the above is: A pump required Yes No A grease Interceptor required Yes No

If yes to either of the above, Design Specifications must be attached.



- A scaled map must show property lines and easements, location of items in Column 1 of Tables 8.2.1.6.A and 8.2.1.6. B including any wells within 30 metres of the septic system.
- Show the location and size of all proposed and existing sewage systems and its components, i.e., tanks, pump chambers including test-pits.
- Indicate north on the site plan.
- Include distances to all utilities, including overhead wires.
- Access route for septic tank maintenance.

**Northeastern Public Health
Sewage System Inspection Records**

Permit #: _____

Readiness to Construct Inspection Date: _____

OFFICE USE ONLY:

Substantial Completion Date: _____ **Signature:** _____

OFFICE USE ONLY:

Final Inspection Date: _____ **Signature:** _____

OFFICE USE ONLY:

Signature: _____