



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		Township	Lot	Con.
Municipality	Postal code	Plan number/other description		
Roll Number		Area of work (m <sup>2</sup> )		

**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	

<b>E. Builder (if known)</b>				
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
<b>F. New home construction licensing requirement</b>				
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): _____				
<b>G. Required Schedules</b>				
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.				
<b>H. Completeness and compliance with applicable law</b>				
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
<b>I. Declaration of applicant</b>				
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.

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name	Firm		
Street address	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number	Fax number		Cell number
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
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			
<b>D. Declaration of Designer</b>			
<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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <p style="text-align: center;">             _____              Date <span style="margin-left: 200px;">Signature of Designer</span> </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

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
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)	
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p>_____</p> <p style="text-align: center;">Date <span style="margin-left: 200px;">Signature of applicant</span></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		=	
		x		=	
				<b>Fixture unit total</b>	=

# 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 <sup>2</sup>	÷ 10 x 100	=	L/day	100L/10m <sup>2</sup> >200m <sup>2</sup> See Table 8.2.1.3.A.
<b>Total daily sewage flow</b>	<b>Q</b>	=	<b>L/day</b>	

**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**

<input type="checkbox"/> Proposed	Type: <input type="checkbox"/> Municipal <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well	Other (describe):
<input type="checkbox"/> 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 (see following page for Class 2 Plans and Specifications)**

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

Sidewall Loading rate (LR)  $L_R = 400 \div T$  \_\_\_\_\_ = \_\_\_\_\_ (L/day/m<sup>2</sup>)

Total Daily Sewage Flow (Q from page 5) = \_\_\_\_\_  $\div L_R$  \_\_\_\_\_ = \_\_\_\_\_ m<sup>2</sup> 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**

$Q \times T \div 200 = Q$  \_\_\_\_\_ 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 <sup>2</sup> /day)			Loading Area
1 < T ≤ 20	10	Q ÷ 10	÷ 10 =	m <sup>2</sup>
20 < T ≤ 35	8	Q ÷ 8	÷ 8 =	m <sup>2</sup>
35 < T ≤ 50	6	Q ÷ 6	÷ 6 =	m <sup>2</sup>
T > 50	4	Q ÷ 4	÷ 4 =	m <sup>2</sup>
Column 1	Column 2			

**Class 4 Sewage System Filter Bed (See note above)**

Q < 3000 litres = Q \_\_\_\_\_  $\div 75 =$  \_\_\_\_\_ m<sup>2</sup>

Q > 3000 litres = Q \_\_\_\_\_  $\div 50 =$  \_\_\_\_\_ m<sup>2</sup>

Extended Contact Area  $\frac{Q \times T}{850}$   $\frac{Q}{850} \times T$  \_\_\_\_\_ = \_\_\_\_\_ area of contact in m<sup>2</sup>  
 (Base of Filter)

Filter Bed area \_\_\_\_\_ m<sup>2</sup> Contact Area \_\_\_\_\_ m<sup>2</sup> 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.

# Class 2 Sewage System (Leaching or Greywater Pit) Plans and Specifications

1. Project information		
Street Number, Street Name		Unit number
		Lot/con.
Municipality	Postal code	Plan number/other description

**2. Water supply**

Existing   
  Drilled well - casing depth \_\_\_\_\_ (metres)   
  Shore well   
  Cistern   
  Surface water  
 Proposed   
  Dug, bored, or blasted well   
  Municipal   
  Sandpoint or drivepoint well   
  Other

3. Fixture units for new or existing dwellings (see Ontario Building Code Table 7.4.9.3 for non-residential)	5. Soils	6. Sidewall loading rate (LR) (litres per metres <sup>2</sup> per day)
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	Number of fixtures	Fixture units
Bathtub (with or without shower)	_____ x 1.5	_____
Clothes washer	_____ x 1.5	_____
Dishwasher	_____ x .5	_____
Laundry tubs	_____ x 1.5	_____
Shower drain	_____ x 1.5	_____
Sinks	_____ x 1.5	_____
Total fixture units _____		

**Subsurface conditions encountered**

Rock and high ground water table	Depth (metres)	Soil type (sand, silt, clay)
↓	↓	↓
	0	_____
	0.3	_____
	0.6	_____
	0.9	_____
	1.2	_____
	1.5	_____

**Percolation time (T)**

**6. Sidewall loading rate (LR)**  
(litres per metres<sup>2</sup> per day)

(LR) = 400 ÷ \_\_\_\_\_ (T) = \_\_\_\_\_

Use (T) of existing soil

**4. Daily design sewage flow (DDSF) (Q)**  
(litres per day)

(Note: must be less than 1000 litres per day)

**Pressurized water (P)**  
 (200 litres per fixture unit per day)

**Non-pressurized water (N)**  
 (125 litres per fixture unit per day)

**(DDSF) (Q) =**  
\_\_\_\_\_ (total fixture units) X \_\_\_\_\_ (P or N) = \_\_\_\_\_

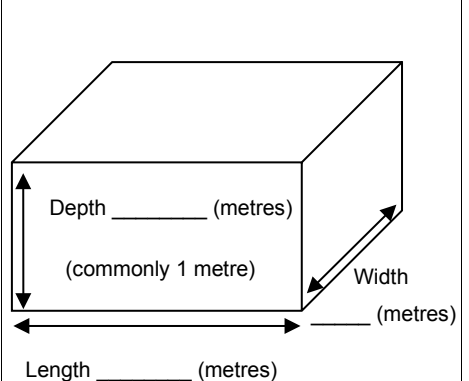
Estimate (T) of existing soil  
The percolation time of the existing soil is between \_\_\_\_\_ and \_\_\_\_\_ minutes per centimetre.

Estimate (T) of imported soil  
The percolation time of the imported soil is between \_\_\_\_\_ and \_\_\_\_\_ minutes per centimetre.

**7. Total sidewall area (metre<sup>2</sup>)**

A = (Q ÷ LR) = \_\_\_\_\_ (metres<sup>2</sup>)

(A is the total area of all 4 walls combined)



## Soils Certification

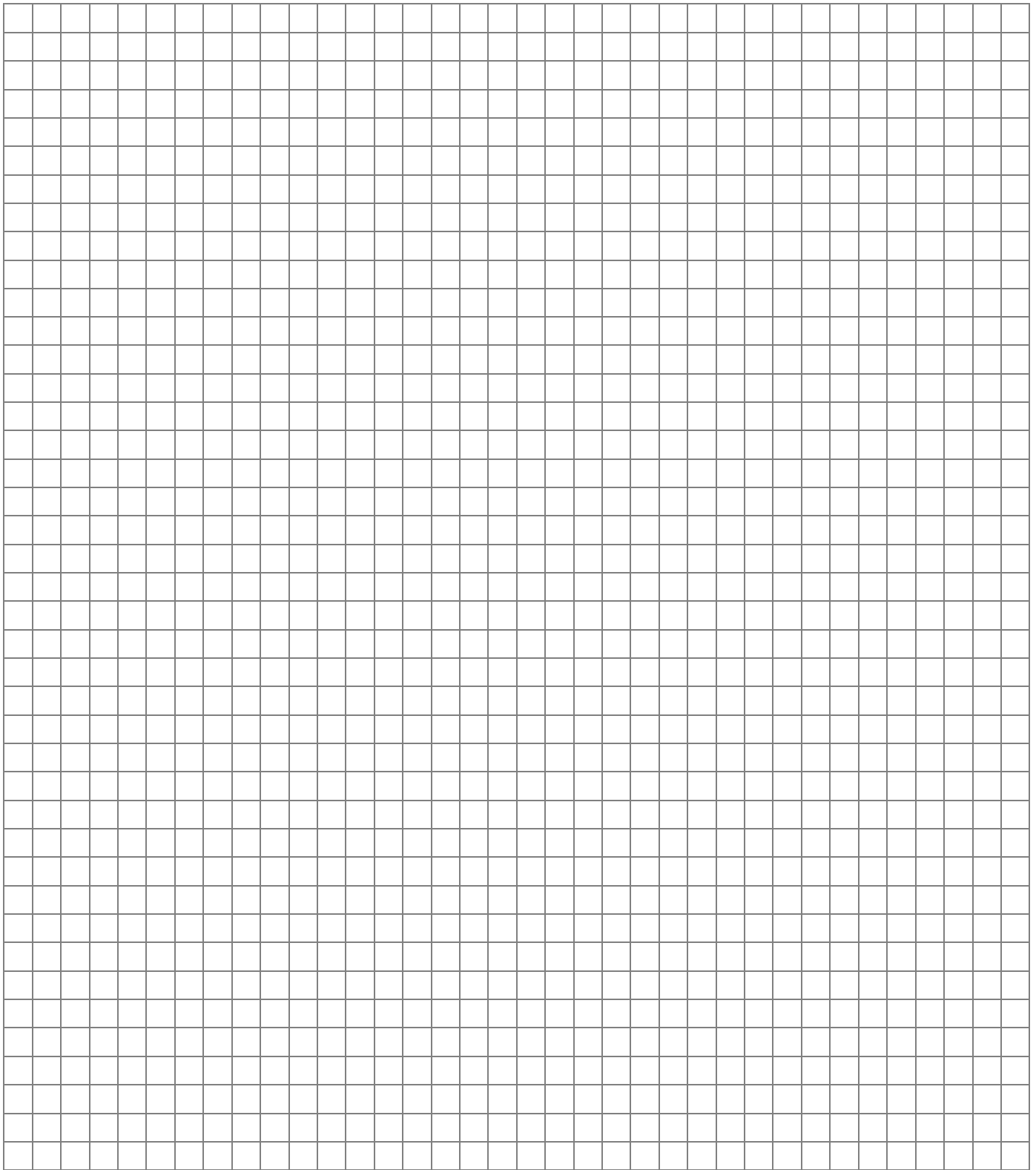
I, \_\_\_\_\_ (Licensed Installer under Section 3.3 of the Building Code Act), verify that the material used in the construction of the sewage system, under the permit herein, meets the requirements of the Ontario Building Code, the percolation rate identified on the permit and the soils analysis submitted to Northeastern Public Health.

Note: Leaching bed fill means soil used for the construction 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.

Northeastern Public Health may require you to submit soil samples for analysis.

Licensed installer's signature:

Date:



- 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.