



# **County of Huron Application for Plumbing and Site Services**

# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act).

## For use by Principal Authority

Application Number

Permit Number (if different)

Date Received

Roll Number

Submit application to : **Huron County Health Unit, RR 5 Clinton, ON N0M 1L0**

**Phone 519.482.3416**

### 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<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

## Part 7, Plumbing

### C. Applicant

Applicant is:  Owner or  Authorized agent of owner

Last Name  First Name

Corporation or Partnership  email

Street address  Unit Number  Lot/Con.

Municipality  Postal Code  Province

Telephone #  Fax #  Cell #

### D. Owner (if different from applicant)

Last Name  First Name

Corporation or Partnership  email

Street address  Unit Number  Lot/Con.

Municipality  Postal Code  Province

Telephone #  Fax #  Cell #

### E. Builder (optional)

Last Name  First Name

Corporation or Partnership  email

Street address  Unit Number  Lot/Con.

Municipality  Postal Code  Province

Telephone #  Fax #  Cell #

**F. Taron Warranty Corporation (Ontario New Home Warranty Program)**

- i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G.  Yes  No
- ii. Is registration required under the *Ontario New Home Warranties Plan Act*?  Yes  No
- iii. If yes to (ii.) provide registration number(s):

**G. Required Schedules**

- i. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. 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).  Yes  No
- ii. This application is accompanied by the plans and specification prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the Building Code Act, 1992.  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 Building Code Act, 1992 which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.  Yes  No
- iv. The propose building, construction or demolition will not contravene any applicable law.  Yes  No

**I. Declaration of applicant**

I, (print name)  certify that:

- 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. I have authority to bind the corporation or partnership (if applicable).

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 Brand, Ministry of Municipal Affairs a Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 Telephone: 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 Number  Lot/Con.   
Municipality  Postal Code  Plan Number/other description

## B. Individual who reviews and takes responsibility for design activities

Last Name  First Name   
Firm  email   
Street address  Unit Number  Lot/Con.   
Municipality  Postal Code  Province   
Telephone #  Fax #  Cell #

## C. Design activities undertaken by individual identified in Section B. [Building Code Table 2.20.2.1]

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> House           | <input type="checkbox"/> Complex Buildings | <input type="checkbox"/> Building Structural           | <input type="checkbox"/> Plumbing - House         |
| <input type="checkbox"/> Small Buildings | <input type="checkbox"/> HVAC - House      | <input type="checkbox"/> Detection, Lighting and Power | <input type="checkbox"/> Plumbing - All Buildings |
| <input type="checkbox"/> Large Buildings | <input type="checkbox"/> Building Services | <input type="checkbox"/> Fire Protection               | <input type="checkbox"/> On-site Sewage Systems   |

Description of Designer's Work

## D. Declaration of Designer

I, (print name)  declare that (choose one as appropriate):

- 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:

- 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:

- 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

- NOTE:**
1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d). 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 authorization, 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.

# PLUMBING RELATED INSPECTION APPLICATION & FEES

 Permit # 

 Date 

 Total Fee 

 Street & No.   
 Lot & Conc.   
 911#   
 Municipality   
 Ward 

 Owner   
 Mailing Address   
 Town/City   
 Postal Code   
 Phone Number 

 Plumber   
 Address   
 Town/City   
 Postal Code   
 Phone Number 

 Use of Building  New  Existing  Commercial  Addition  Residential  Industrial

 Travel Directions: 

FIXTURES	TOTAL # OF FIXTURES	FIXTURE UNITS PER FIXTURE	TOTAL
Water Closet		4	
Basin		1	
Bath		1.5	
Shower Stall		1.5	
Kitchen Sink		1.5	
Laundry Tub		1.5	
Laundry Waste		1.5	
Urinals		3	
2-3 Comp. Sink		3	
Slop Sink		3	
Prep Sink		1	
Sewer Injector		3	
Floor Drains		3	
<b>USE FOR FIXTURES NOT LISTED ABOVE</b>			
4" Trap		6	
3" Trap		4	
2" Trap		3	
1-1/2" Trap		2	
Interceptors		4	
<b>TOTAL FIXTURE UNITS</b>			

**HURON COUNTY HEALTH UNIT**  
 77722B London Rd. RR #5 Clinton, ON N0M 1L0  
 Tel: 519.482.3416 Fax: 519.482.7820



Application is hereby made for permission to construct, repair, renew or alter the plumbing work, pursuant to the provisions of the Ontario Building Code Part 7 - Plumbing and County Plumbing Bylaw as amended for the County of Huron.

<b>BASIC FEE (Plumbing permit)</b>	<b>\$ 204.00</b>
Total Fixture Units..... X \$12.00 per fixture unit	<input style="width: 80px;" type="text"/>
Sewer inspections (\$131.00 for first 30 meters and \$3.15 for each additional 30 meters)	<input style="width: 80px;" type="text"/>
Water connections inspections (\$131.00 for first 30 meters and \$3.15 for each additional 30 meters)	<input style="width: 80px;" type="text"/>
Repeat Inspections \$126.00	<input style="width: 80px;" type="text"/>
Alterations without addition of fixtures \$8.00	<input style="width: 80px;" type="text"/>
Storm sewer inspection (first 30 meters) \$131.00	<input style="width: 80px;" type="text"/>
Storm sewer inspection (\$2.00 per linear meter exceeding 30 meters) .....X \$2.00	<input style="width: 80px;" type="text"/>
Catchbasins/manholes inspection \$11.00	<input style="width: 80px;" type="text"/>
Inspection of testable backflow prevention devices \$78.00/unit	<input style="width: 80px;" type="text"/>
Rain water leader piping inspection (\$2.00 per linear meter)	<input style="width: 80px;" type="text"/>
Roof drains inspection (\$11.00 per drain)	<input style="width: 80px;" type="text"/>
Main Building Drain inspection (\$2.00 per linear meter)	<input style="width: 80px;" type="text"/>
Fire/Water service inspection (first 30 meters) \$132.00	<input style="width: 80px;" type="text"/>
Fire/Water service inspections (\$2.00 per linear meter exceeding 30 meters )	<input style="width: 80px;" type="text"/>
Additional Plan Review (\$93.00 per hour)	<input style="width: 80px;" type="text"/>
Permit transfer \$52.00	<input style="width: 80px;" type="text"/>
Reactivation of permit \$104.00	<input style="width: 80px;" type="text"/>
Onsite consultation \$52.00	<input style="width: 80px;" type="text"/>
Performance bond \$175.00	<input style="width: 80px;" type="text"/>
<b>TOTAL INSPECTION FEE</b>	<input style="width: 80px;" type="text"/>

# PLUMBING RELATED INSPECTION APPLICATION & FEES

## Cheque to be made payable to: **TREASURER OF HURON COUNTY**

Once the final inspection has been conducted and the work found to be in compliance with existing legislation, the performance bond will be refunded to the property owner OR will be refunded in accordance with written direction from the property owner.

NOTE: The Huron County plumbing inspectors require 48 hours notice when an inspection is requested. The final inspection will include a smoke or rim test. The plumbing inspectors must also be notified of any changes to the permit application, including any change of plumbers completing the work. **The plumbing permit is valid for one year from the date of issuance; requests for permit extensions must be submitted in writing.**

TOTAL INSPECTION FEE (from previous page)

Dated this  Day of  20

We hereby certify that the statements contained in the foregoing application are true and made with full knowledge of the circumstances connected with the same and that I/we are the Plumber and Owner/Contractor named in the Application.

(Signature)

**Plumber**

(Print)

(Signature)

**Owner/Contractor**

(Print)

The Huron County Health Unit is collecting the preceding information under the authority of the Huron County Plumbing Bylaw. The purpose of this information is to issue a plumbing permit. If further information is required, please contact the Health Unit.

This application has complied with the requirements of the regulations and I recommend that a Permit be granted.

(Signature)

**Plumbing Inspector**

(Print)

(Date)

Date completed (yyyy-mm-dd)

Water Sample

Date completed (yyyy-mm-dd)

Underground Inspection

Date completed (yyyy-mm-dd)

Water Inspection

Date completed (yyyy-mm-dd)

Sewer Inspection

Date completed (yyyy-mm-dd)

Rough-in Inspection

Date completed (yyyy-mm-dd)

Final Inspection