



County of Huron Sewage System Application

Please complete and submit all pages of the Sewage System Application

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 (m²)

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 8, On-Site Sewage Systems

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. Tarion 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 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 2.18.1.1?

- 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")

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

D. Qualified Supervisor Information (where answer to B is "Yes")

Name of qualified supervisor(s)
Building Code Identification Number (BCIN)

E. Declaration of Applicant

I, (print name) declare that :

- 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;
- OR
- 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.

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 Applicant



HURON COUNTY HEALTH UNIT
 77722B London Rd. RR #5
 Clinton, ON N0M 1L0
 Tel: 519.482.3416 Fax: 519.482.7820
 Toll Free: 1.866.837.6134

Permit #	<input type="text"/>
Date Issued	<input type="text"/>
Receipt #:	<input type="text"/>
GST # 127093086RT	

SEWAGE SYSTEM PERMIT

Note: All Sections must be Completed

A. Registered Owner

Name

Mailing Address Postal Code

Telephone # Fax # Cell #

B. Sewage System Installer

Name

Mailing Address Postal Code

Telephone # Fax # Cell #

OBC Business # License Exp. Date OBC Supervisor License #

C. Site Location

Municipality Ward Conc. Lot Plan Sub Lot

Street address 911 #

Is the property within the jurisdiction of the Conservation Authority? Yes No

Lot Zoning Proposed Building Existing Building Addition

Lot Size: Front Side Rear Area

If 911 number is unestablished then indicate adjacent 911 # on either side or provide travel directions:

D. Type of Sewage System Proposed

New Development Replacement of Existing System Addition to Existing System

Residential Commercial

Class # Holding Tank Tile Bed Raised Partially Raised

Trench Filterbed Secondary Unit Tertiary Unit

E. Building Information

The building to be serviced has the following (include roughed-in plumbing and any proposed additions e.g. future basement washroom)

PLUMBING FIXTURES	TOTAL # OF FIXTURES	X FIXTURE UNIT =	TOTAL
Bathroom Grouping (toilet, sink, tub or shower)		x 6	
OR			
INDIVIDUAL UNITS			
Toilets		x 4	
Basin		x 1.5	
Bathtub and/or Shower		x 1.5	
Kitchen Sink/Dishwasher		x 1.5	
Clothes Washing Machine		x 1.5	
Separate Single Laundry Tub		x 1.5	
TOTAL FIXTURE UNITS			

Permit #

Finished Floor Area

First Floor m²

Second Floor m²

Third Floor m²

Other m²

Other m²

Total Inside Dimensions m²

of separate dwelling units

Total # of bedrooms

Basement Yes No

Other: Garbage Grinder Yes No Whirlpool/Hot Tub/Spa Yes No

Is there a Water Filter and/or Water Softener that backwashes into the sewage system?

Volume of backwash: gallons litres

Quantity of Sewage Flow (Q) from above information = L/day

F. Percolation Rates (T)

Perc time of native soil for inground or partially raised system min/cm

Perc time of any imported soil to be used in the leaching bed construction min/cm

Depth of water table or bedrock from surface metres

Note: Attach certified soil analysis or percolation test results (for existing and imported fill)

G. Calculation of Leaching Bed Size

Tile Bed

L = Length in metres of tile
 Q = Quantity of sewage flow
 T = percolation Rate in Minutes/Centimetre
 $L = Q \times T \div 200$

L = x ÷ 200 = metres

Tertiary System

Make

Model

Total area coverage in square metres of the disposal bed and mantle (Loading Rate)

Septic Tank Size

Residential - Minimum tank size is 2 (Q) or 3600 L whichever is greater = Litres

Commercial - 3 (Q) = Litres

H. Water Supply

Note: All wells within 30 metres, whether or not in use, must be plotted on site plan and listed below. Existing Proposed

Type of Supply Source: Municipal Dug or Bored Well Drilled Well Sandpoint Well Lake, River or Stream

I. Site Plan

Permit #

An aerial and cross sectional site plan is required and must contain the following information: (Please initial each line or checkmark to verify the information is accurately plotted on the site plan)

- Location and dimensions of all buildings
- All wells in use or otherwise within a 30 metre (100 ft) radius of the proposal
- All existing and proposed structures and swimming pools
- All driveways and proposed access routes for septic system in maintenance
- The location of any unsuitable, disturbed or compacted areas
- All water bodies and ditches, drain tiles, swamps, flood plain or areas prone to flooding
- Any slopes (include slope degree and direction)
- All field drains, underground hydro, water services and basement drains
- Proposed system layout including all system components including mantles and their setbacks from structure, lot lines and wells
- The cross-sectional view of the proposal which includes house, tank and tile bed elevations as well as existing and finished ground levels or grades (recommend bench mark for tiles)

J.

Applicants are responsible to ensure that the information provided is true and accurate. The County of Huron will not be held responsible for incorrect information provided to it by any applicant.

NOTE: **This permit is valid for one year from the date of issuance; requests for permit extensions must be submitted in writing.** The Huron County plumbing inspectors require 48 hours notice when an inspection is requested.

Owner/Agent Name (Print)

Date

Owner/Agent Name (Print)

Date

All applications which are incomplete or unsigned will be returned. No work shall commence until a permit has been issued. Any changes to this application MUST BE APPROVED by the Huron County Health Unit.

This program information is collected under the authority of the Ontario Building Code Act, 1992, as amended and will be used in considering your application for a building permit for a sewage system. Questions about this collection should be directed to the Huron County Health Unit at 519.482.3416.

Comments

Note: Separate Plumbing Permit is required through this office for plumbing installation.

K. Approval

- Recommended
- Recommended with Conditions (see above)
- Not Recommended (see above)

Permit Issued by:

Signature

Date



HURON COUNTY HEALTH UNIT
77722B London Rd. RR #5
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Sewage System Related Inspection Fees

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

Service Delivery	Fee (\$)	HST (\$)
Class 2 permit	288.00	0.00
Class 4 permit	621.00	0.00
Class 4 (tertiary system permit)	725.00	0.00
Class 5 permit	727.00	0.00
Lot assessment site visit	52.00	0.00
Permit for addition/repair to system	303.00	0.00