



Township of Algonquin Highlands  
Building Department  
1123 North Shore Road  
Algonquin Highlands, Ontario, K0M 1S0  
Tel.: (705) 489-2379 Fax: (705) 489-3491  
Website: www.algonquinhighlands.ca

## Instructions for an Application for a Sewage System Permit

### **This Package Contains:**

1. Ontario Building Code Application for a Permit to Construct or Demolish including Schedule 1 and Schedule 2
2. Proposed Sewage System Design & Calculation Sheet
3. Profile of a typical filter bed to be completed
4. Proposed Design Site Plan
5. As Constructed plan to be completed prior to final inspection

### **All forms provided in this package must be completed and returned to Building Department along with the following required documentation:**

1. A Site Plan referencing an up to date survey, when available, or a drawing of the lot, **neatly and accurately drawn**, which shall indicate:
  - a) the dimensions of the lot (length, width);
  - b) the location and size of the proposed buildings & all existing buildings;
  - c) location of existing well(s), septic, easements (hydro, right of way etc.) & driveways;
  - d) the setbacks of proposed building(s) or addition(s) from all lot lines, road(s) and other buildings, and the high-water mark;
  - e) indicate any survey stakes that have been located;
  - f) the location and setbacks of the proposed septic tank, leaching bed and any pump chamber;
  - g) the loading area and 15m mantle;
  - h) eaves trough discharge;
  - i) topographical features including slope and direction of flow.
2. Any proposal for the use of a Class 4 treatment unit, other than a septic tanks, will require a copy of the B.M.E.C. approval for that system, and once completed will require submission of as constructed drawings and any maintenance agreement.
3. If the applicant is not the owner of the property, or there is more than one property owner, the owner(s) must provide a letter appointing the applicant as an authorized agent.
4. The required fees must accompany the application in accordance with the Township of Algonquin Highlands Fees and Charges By-law.

**Note: Incomplete applications will not be accepted or reviewed and may be returned to the owner.**

# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

<b>For use by Principal Authority</b>				
Application number:		Permit number (if different):		
Date received:		Roll number:		
Application submitted to: _____ (Name of municipality, upper-tier municipality, board of health or conservation authority)				
<b>A. Project information</b>				
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>B. Purpose of application</b>				
New construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building		Current use of building		
Description of proposed work				
<b>C. Applicant</b>				
		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	
<b>D. Owner (if different from applicant)</b>				
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 (optional)</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. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes	No
iii. If yes to (ii) provide registration 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., 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.

<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;">_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>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 Association of Professional Engineers of 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 style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			

# Proposed Sewage System Design

<b>Class of System:</b>	2 or 3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Install <input type="checkbox"/> Repair	<b>Test Hole Ready:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>																
<b>Water Supply:</b>					<b>Soil Conditions:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">SOIL CONDITION</th></tr> <tr><td style="width: 50%;">Depth (metres)</td><td style="width: 50%;">Soil Type</td></tr> <tr><td>0</td><td>_____</td></tr> <tr><td>0.5</td><td>_____</td></tr> <tr><td>1.0</td><td>_____</td></tr> <tr><td>1.5</td><td>_____</td></tr> <tr><td colspan="2">Show Rock Elevation _____</td></tr> <tr><td colspan="2">Show Water Table _____ W _____</td></tr> </table>	SOIL CONDITION		Depth (metres)	Soil Type	0	_____	0.5	_____	1.0	_____	1.5	_____	Show Rock Elevation _____		Show Water Table _____ W _____	
SOIL CONDITION																							
Depth (metres)	Soil Type																						
0	_____																						
0.5	_____																						
1.0	_____																						
1.5	_____																						
Show Rock Elevation _____																							
Show Water Table _____ W _____																							
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Surface Water <input type="checkbox"/> Other: _____					Est. Perc Rate _____ min/cm Bedrock Level _____ m High Water Level _____ m  <b>Date of Assessment:</b> _____																		

## Site Information

Fixture Unit Type	Number	Fixture Unit Value	Total
Bathroom Group (3+ Fixtures)		6	
2 Piece Powder Room		5.5	
Clothes Washer		1.5	
Laundry Sink		1.5	
Kitchen Sink		1.5	
Other			
<b>Total Fixture Units:</b>			

Total Number of Bedrooms (includes bunkies, lofts, etc.): \_\_\_\_\_  
 Total Area of Living Space on Property (includes bunkies, lofts, etc.): \_\_\_\_\_ m<sup>2</sup>

### Daily Sewage Flow Calculation:

- A. Base Flow from Number of Bedrooms: \_\_\_\_\_ L (max. 5)  
 B. Each Additional Fixture Unit over 20: \_\_\_\_\_ x50= \_\_\_\_\_ L  
 C. Additional Area of Living Space over 200m<sup>2</sup>:  
   i. Each 10m<sup>2</sup> over 200m<sup>2</sup> up to 400m<sup>2</sup> : \_\_\_\_\_ x100 = \_\_\_\_\_ L  
   ii. Each 10m<sup>2</sup> over 400m<sup>2</sup> up to 600m<sup>2</sup> : \_\_\_\_\_ x75 = \_\_\_\_\_ L  
   iii. Each 10m<sup>2</sup> Greater Than 600m<sup>2</sup> : \_\_\_\_\_ x50 = \_\_\_\_\_ L  
 D. Additional Bedrooms over 5: \_\_\_\_\_ x500 = \_\_\_\_\_ L

**Total Daily Sewage Flow: (A + B, C, or D) = \_\_\_\_\_ L/day**

<b>Tank(s)</b>	Minimum Required	Proposed
Septic Tank Size: Daily Sewage Flow x2 or 3	= _____ L	= _____ L

### Filter Bed

Filter Bed Area: <3000L/day  $Q \div 75 =$  \_\_\_\_\_ m<sup>2</sup> Proposed \_\_\_\_\_ m<sup>2</sup>  
 >3000L/day  $Q \div 50 =$  \_\_\_\_\_ m<sup>2</sup> Proposed \_\_\_\_\_ m<sup>2</sup>  
 No of Pods: \_\_\_\_\_ Arranged as \_\_\_\_\_ x \_\_\_\_\_ m<sup>2</sup>

Distribution Type:  Pipe  Chamber Type \_\_\_\_\_  
 Expanded Contact Area:  $QT \div 850 =$  \_\_\_\_\_ m<sup>2</sup> Proposed \_\_\_\_\_ m<sup>2</sup>

**If Raised, Height above existing grade to bottom of stone layer: \_\_\_\_\_ m**

## OR

### Conventional Trench

Daily Sewage Flow (Q) x T  $\div 200 =$  \_\_\_\_\_ m Proposed: \_\_\_\_\_ m  
 Request for Reduction: Type \_\_\_\_\_  $Q \times T \div 300 =$  \_\_\_\_\_ m  
 Percolation Rate of Fill (if required): \_\_\_\_\_ min/cm

**If Raised, Height above existing grade to bottom of stone layer: \_\_\_\_\_ m**

**Loading Rate Area = Daily Sewage Flow / Loading Rate Factor = \_\_\_\_\_ m<sup>2</sup>**



# TYPICAL DRAWING—FILTER BED

**PLEASE COMPLETE THE BLANKS**

## PLAN VIEW

Is mantle required?

YES

NO

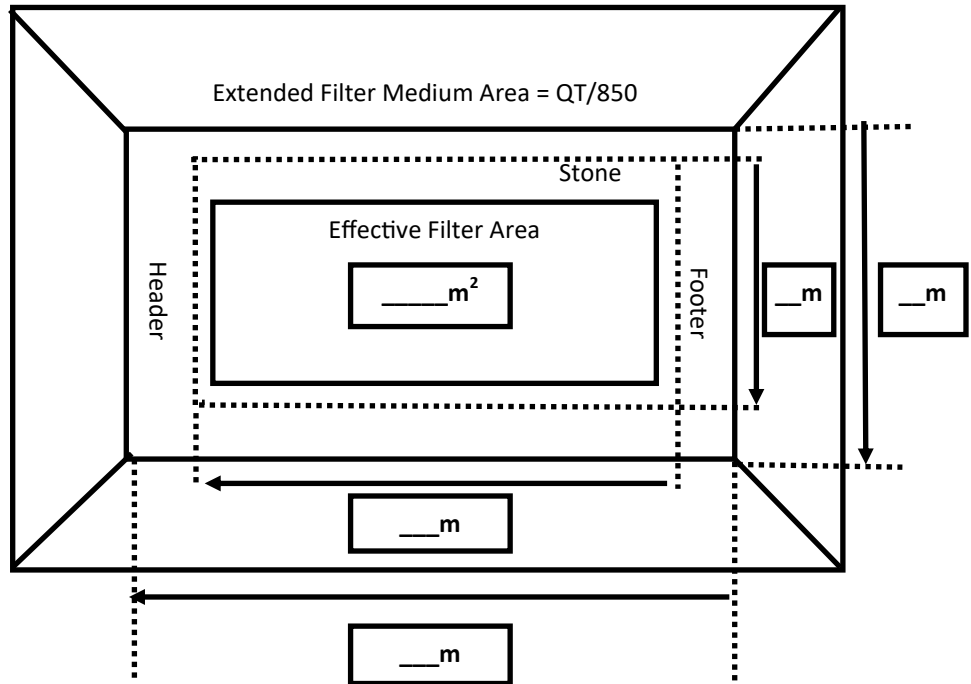
Direction \_\_\_\_\_

Total Mantle

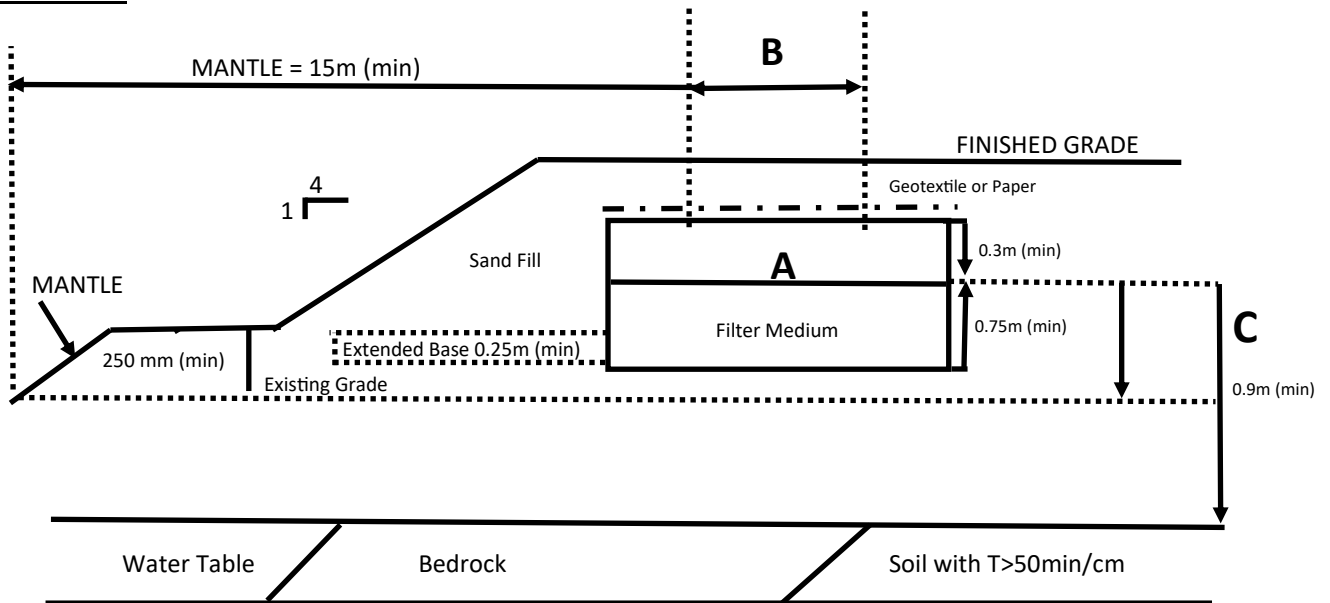
Area (m<sup>2</sup>) \_\_\_\_\_

Extended Filter Medium

Area (m<sup>2</sup>) \_\_\_\_\_



## CROSS SECTION



A - Filter Bed Type (Circle One)

Pipe

Chamber

B - Proposed horizontal offset Distance between Runs \_\_\_\_\_ m

C - Proposed depth of Excavation to Water Table/Bedrock \_\_\_\_\_ m

**PROPOSED DESIGN SITE PLAN**

Indicate North Point and show the following required information:

- |                                      |                            |  |
|--------------------------------------|----------------------------|--|
| 1. Septic Tank & Leaching Bed        | 7. Existing Sewage Systems | 13. Topographical Features<br>(Steep slopes, water course,<br>lake, swamps etc.) |
| 2. Pump Chamber                      | 8. Driveways               | 14. Direction of Slope   |
| 3. Loading Rate Area                 | 9. Property Lines          | 15. Direction of Surface and<br>Ground Water Flow                                |
| 4. 15 metre Mantle Area              | 10. Foundation Drain       |  |
| 5. Proposed/Existing Structures      | 11. Eavestrough Drain      |  |
| 6. Water Supplies (incl. neighbours) | 12. Surface water drainage |  |

\_\_\_\_\_  
Owner/Installer/Designer Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

Approved:            Yes            No            File # \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
Sewage System Inspector            Signature            Date



## As Constructed Plans for On-Site Sewage System

**\*This form must be completed and submitted prior to calling for final inspection**

Permit No: \_\_\_\_\_ Installation Date: \_\_\_\_\_

As Constructed Plans prepared by: \_\_\_\_\_

1. Size of System based on \_\_\_\_\_ Bedrooms, and/or \_\_\_\_\_ Fixture Units

Area of Building: \_\_\_\_\_ m<sup>2</sup> Total Daily Design Flow: \_\_\_\_\_ Litres

2. Septic Tank/Holding Tank working capacity \_\_\_\_\_ litres, constructed of plastic/concrete/fiber glass.

3. Distribution Pipe:

Absorption Trench: \_\_\_\_\_ Filter Bed System: \_\_\_\_\_ Other: \_\_\_\_\_

Filter Bed Area: \_\_\_\_\_ m<sup>2</sup> Filter Sand Contact Area: \_\_\_\_\_ m<sup>2</sup>

Filter Sand Tonne: \_\_\_\_\_ Number of Runs: \_\_\_\_\_

Length of Runs: \_\_\_\_\_ Metres

Trench Bed Total Lineal Metres: \_\_\_\_\_ Number of Runs: \_\_\_\_\_

Gravity: \_\_\_\_\_ Siphon: \_\_\_\_\_

Pump Make: \_\_\_\_\_ Pump Size: \_\_\_\_\_ HP

Pump Chamber Size: \_\_\_\_\_ Litres

Loading Rate Area: \_\_\_\_\_ m<sup>2</sup>

15 Metre Mantel Constructed: Yes / No

4. Commercial Details:

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