

Date Received	
Permit Number	
Receipt #	



Class 2 Greywater Pit Building Permit Application

NOTE: The property owner, applicant, designer and installer of the sewage system retain full responsibility for knowing the requirements of the Building Code Act and Ontario Building Code and ensuring that the sewage system is designed in accordance with the regulatory requirements and installed in accordance with the approved plans.

<p>1. Name of property owner</p> <p>_____</p> <p>Phone no. (____) _____</p> <p>Email _____</p>	<p>2. Name of installer <input type="checkbox"/> Licensed <input type="checkbox"/> Unknown <input type="checkbox"/> Owner Install</p> <p>_____</p> <p>Phone no. (____) _____</p> <p>Email _____</p>
--	---

Directions to lot: _____

Documents Required for Application Submittal

- Application for Permit
- Schedule 1: Designer Information
- Schedule 3: Site Evaluation Form
- Schedule 4: Design Criteria
- Schedule 5: Design Criteria
- Schedule 6: Design Drawings
- Schedule 7: Cross Sectional Diagram
- Agent Authorization Letter (if applicant is not owner)

Office Use Only

Approved Not Approved

Insp. Initials: _____

Date: _____

Application for a Permit to Construct or Demolish

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

For use by Principal Authority			
Application number:	Permit number (if different):		
Date received:	Roll number:		
Application submitted to: LOYALIST TOWNSHIP <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>			
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 ²)	
B. Purpose of application			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit			
Proposed use of building		Current use of building	
Description of proposed work			
C. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> 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 (optional)				
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. Tarion Warranty Corporation (Ontario New Home Warranty Program)				
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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.				
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.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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> .			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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., 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.

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]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input checked="" type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> 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><input type="checkbox"/> 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 style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Firm BCIN: _____</p> <p><input type="checkbox"/> 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 style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="margin-left: 40px;">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="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">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 Association of Professional Engineers of 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?			
<input type="checkbox"/> Yes (Continue to Section C)		<input type="checkbox"/> No (Continue to Section E)	<input type="checkbox"/> 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><input type="checkbox"/> 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 style="text-align: center;"><u>OR</u></p> <p><input type="checkbox"/> 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 style="text-align: center;">_____</p> <p style="text-align: center;">Date Signature of applicant</p>			

Schedule 3: Site Evaluation Form

Test Pit

Sub-surface conditions encountered:

		Applicant's Use		Inspector's Use	
Indicate <u>depth</u> to bedrock, T>50, &/or ground water table (where present):	<u>Depth (m)</u>	<u>Soil type</u>	<u>T-time</u>	<u>Soil type</u>	<u>T-time</u>
Test hole(s) available for inspection <input type="checkbox"/> YES <input type="checkbox"/> NO					

Water Supply: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing				
<input type="checkbox"/> Lake	<input type="checkbox"/> Drilled well	<input type="checkbox"/> Dug, bored, or blasted well	<input type="checkbox"/> Municipal	<input type="checkbox"/> Other (specify): _____

Municipal zoning: _____
Lot dimensions: Frontage (m) _____ Depth (m) _____ Area (m ²) _____

Inspector's Report:

Date: _____ Time: _____ Weather: _____	Proposal acceptable and meets OBC requirements? : Yes No Acceptable with Changes				
Person(s) in attendance: _____	Notes: _____				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Watercourses on lot:</td> <td style="width: 30%;">Name:</td> </tr> <tr> <td>Yes No</td> <td>_____</td> </tr> </table>	Watercourses on lot:	Name:	Yes No	_____	_____ _____ _____
Watercourses on lot:	Name:				
Yes No	_____				
Applicable Law: N/A MTO HYDRO EP OTHER: _____ Increased building code setbacks required: YES NO	_____ _____ _____				
Setback distances adhered to: Yes No Slope: _____ Vegetation: _____	Inspector's signature _____ Date _____				
Suitable for inground installation: Yes No Partial Proposed height of raised bed (m): _____ Increased setbacks required? Yes No	 				

Comments/concerns/additional information required:

Schedule 4: Design Criteria

DESCRIPTION	DWELLING #1		BOATHOUSE		SLEEPING CABIN		Other: _____		# UNITS PER FIXTURE	FIXTURE UNITS
	Existing	Proposed	Existing	Proposed	Existing	Proposed	Existing	Proposed		
Bathroom group (1toilet, 1sink, 1tub/shower)									x 6 =	
Additional toilet									x 4 =	
Bathtub or shower(*)									x 1.5 =	
Additional sinks(**)									x 1.5 =	
Kitchen sink(**)									x 1.5 =	
Dishwasher									x 1 =	
Washing machine									x 1.5 =	
Laundry tub									x 1.5 =	
Floor Drains									X 2 =	
Other: _____										
FIXTURE UNITS									Total:	
FINISHED FLOOR AREA		m ²		m ²		m ²		m ²	Total:	m ²
# OF BEDROOMS									Total:	

* Tub/shower combos count as 1.5 units, additional shower heads (2-3 = 3 f/u, 4-6 = 6f/u)

** Sinks in addition to bathroom group ass 1.5 units each or if separate trap/drain

DESIGN FLOW CALCULATION TABLE

Residential Occupancy			Volume (L)	Flows
Bedroom flow (A)	1 bedroom dwelling		750	
	2 bedroom dwelling		1100	
	3 bedroom dwelling		1600	
	4 bedroom dwelling		2000	
	5 bedroom dwelling		2500	
Extra bedroom flow (B)	Each bedroom over 5,		500	
Living area flow (C)	Each 10 m ² (or part thereof) over 200 m ² up to 400 m ² ,		100	
	Each 10 m ² (or part thereof) over 400 m ² up to 600 m ² , and		75	
	Each 10 m ² (or part thereof) over 600 m ² , or		50	
Fixture count flow (D)	Each fixture unit over 20 fixture units		50	

Daily Design Sewage Flow, Q = _____ liters/day A + (B or C or D which ever is larger)

Schedule 5: Proposal to Construct

Propose to _____ a Class _____ sewage system to serve _____ <small>(construct, install, alter, extend, enlarge, replace, etc.)</small> <small>(facility: e.g. single family dwelling, motel, etc.)</small>	
Is the land currently vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additions/renovations proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If replacing, is there a permit for the system on the property? <input type="checkbox"/> YES <input type="checkbox"/> NO Permit # _____	
Is the existing system failing? <input type="checkbox"/> YES <input type="checkbox"/> NO Explain: _____	
Is there more than one system on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____	
Will the proposed system service more than one building? <input type="checkbox"/> Yes <input type="checkbox"/> No List: _____	

Provide proposed information rather than minimum requirements:

<input type="checkbox"/> Class 2 Greywater Pit		<input type="checkbox"/> Class 3 Cesspool (Q cannot exceed 1000 liters/day)			
Type of Class 1 on site:	<input type="checkbox"/> Privy	<input type="checkbox"/> Composting	<input type="checkbox"/> Chemical	<input type="checkbox"/> Other: _____	
Wall structure:	<input type="checkbox"/> Cement block	<input type="checkbox"/> Rock	<input type="checkbox"/> Wood	<input type="checkbox"/> Other: _____	
Side wall area: m ²	Length: m	Width: m	Depth: m	Type of cover:	

Example: dwelling with a tub/shower and two sinks, supplied with a pressurized water supply, and native sandy soils with a 10min/cm percolation rate

PRESSURIZED WATER SYSTEM:

$$\text{Daily Design Sewage Flow (Litres/Day)} = \# \text{ of Fixture Units} * 200$$

$$\begin{aligned} \text{Daily Design Sewage Flow} &= 4.5 * 200 \\ &= 900 \text{ L/Day} \end{aligned}$$

$$\begin{aligned} L_R \text{ (Side Wall Loading Rate)} &= \frac{400}{T} \text{ where, } T = \text{Percolation Rate of the native soil (min/cm)} \\ &= \frac{400}{10} \\ &= 40 \text{ L/Day/m}^2 \end{aligned}$$

$$\begin{aligned} \text{Side Wall Area (1)} &= \frac{\text{Daily Sewage Flow (L/Day)}}{\text{Loading Rate (L/Day/m}^2)} \\ &= \frac{900}{40} \\ &= 22.5\text{m}^2 \end{aligned}$$

$$\text{Minimum Required Side Wall Area of Greywater Pit} = 22.5\text{m}^2$$

DIMENSIONS OF GREYWATER PIT:

$$\text{Height} = 1.0\text{m} \quad \text{Length} = 5.50\text{m} \quad \text{Width} = 6.0\text{m}$$

$$\begin{aligned} \text{Side Wall Area} &= H * L * 2 \text{ (# of sides)} \\ &= 1\text{m} * 5.5\text{m} * 2 \\ &= 11\text{m}^2 \end{aligned}$$

$$\begin{aligned} \text{Side Wall Area} &= H * W * 2 \text{ (# of sides)} \\ &= 1\text{m} * 6.0\text{m} * 2 \\ &= 12\text{m}^2 \end{aligned}$$

$$\begin{aligned} \text{Total Calculated Side Wall Area (2)} &= [H*L*2] + [H*W*2] \\ &= 11\text{m}^2 + 12\text{m}^2 \\ &= 23.0\text{m}^2 \end{aligned}$$

Schedule 6: Site Plan

DRAWING REQUIREMENTS: PLEASE CHECK (IF ATTACHING A SEPARATE DIAGRAM, ENSURE THESE ARE INDICATED)

1 Copy of site plan submitted

- Property owners name and property address (civic);
- Lot size, property dimensions, roads, existing rights-of-way, easements, or municipal/utility corridors;
- Show and identify neighboring properties, including wells (indicate if none);
- Show location and size of all proposed and existing sewage system components (tanks, pump chambers, alarms, distribution bed) and the test pits;
- Show the direction of surface water flow, as well as any surface water (i.e. creek, pond, lake) on or adjacent to the property and provide the common name;
- Indicate directions of North on the site plan;
- Indicate distances to all utilities (i.e. telephone, HYDRO lines above and below ground); and
- Show the distances from pipes in bed and tank to ALL buildings, structures, property lines, surface water, easements, rights-of-way, driveways and wells (including neighboring wells)**

PROPOSED DISTANCES (actual, not minimum)

Distribution pipe (or stone area) distances:

- to closest structure: _____m
- to closest lot line: _____m
- to well on lot: _____m
- to neighboring wells: _____m / _____m
- to surface water: _____m

Septic tank/Treatment unit distances:

- to closest structure: _____m
- to closest lot line: _____m
- to well on lot: _____m
- to neighboring wells: _____m / _____m
- to surface water: _____m

Property Address: _____

Schedule 7: Cross Sectional Diagram

DRAWING REQUIREMENTS: PLEASE CHECK (IF ATTACHING A SEPARATE CROSS SECTION ENSURE THESE ARE INDICATED)

1 Copy of Cross-Sectional Diagram Submitted

- Property owners name and property address (civic);
- Depth of topsoil;
- Depth of crushed stone;
- Depth of filter medium used;
- Depth and dimensions of contact area required;
- Depth to bedrock/groundwater table;
- Depth to hardpan/soils T-time >15min/cm;
- Height above/below existing grade of ground surface;
- Show side slopes of bed/mantle;
- Existing grade/finished grade; and
- Distance between pipes.

Depth to bedrock/GWT/
hardpan/soils T-time >50: _____m

Check appropriate: Dug In Raised 3 sides open

Proposed raised height above existing grade : _____m

Existing grade: _____

Finished side slope ratio: _____