

Township of East Zorra-Tavistock



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Application for a Permit to Construct or Demolish

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

FOR OFFICE USE

Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: THE TOWNSHIP OF EAST ZORRA – TAVISTOCK

A. Project information

Civic Address	Zoning	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	
Mailing address	Unit number		Lot/Con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()		Cell number ()

E. Builder

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. New Home construction licensing requirement

i. Is the proposed construction for a new home as defined in the *New Home Construction Licensing Act, 2017?* If no, go to set Yes No

ii. Is a license required under the *New Home Construction Licensing Act, 2017?* Yes No

iii. If yes to (ii) provide license 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 the 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. 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 Building Code Act, 1992, to be paid when the application is made. Yes No

iii. 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 Building Code Act, 1992. Yes No

iv. 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

v. The proposed building, construction or demolition will not contravene any applicable law. Yes No

I. Declaration of applicant

I _____ certify 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. 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 Township of East Zorra-Tavistock, or,
- b) The inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for The Township of East Zorra-Tavistock, or,
- c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 12th Floor. Toronto, 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.

A. Project Information

Building number, street name		Unit no.	Lot/con.
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Municipality	Postal code	Plan number/ other description
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B. Individual who reviews and takes responsibility for design activities

Name	Firm
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Street address	Unit no.	Lot/con.
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Municipality	Postal code	Province	E-mail
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Telephone number	Fax number	Cell number
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C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

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

D. Declaration of Designer

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

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.

Individual BCIN: _____

Firm BCIN: _____

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.

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 submitted this application with the knowledge and consent of the firm.

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) (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

A. Project Information

Building number, street name		Unit number	Lot/con.
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Municipality	Postal code	Plan number/ other description
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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?

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")

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)
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E. Declaration of Applicant:

I _____ declare that:
 (print name)

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. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

 Date

 Signature of applicant

Proposed Sewage Disposal System Design

Owner of Property: _____

1. Total Daily Design Sewage Flow: _____ Litres Per Day
2. Native Soil Percolation Rate: _____ Min/CM (attach soil analysis)
3. Septic Tank Size/Model: _____ Litres
4. Leaching Bead Design (Complete a or b, c & d (e if applicable))
 - a. Absorption Trench System _____ Metres of trench
Bottom of Stone Layer _____ Metres below original grade OR
Bottom of Stone Layer _____ Metres above original grade

- OR -

- b. Filter Bed Size _____ m²
Filter Sand Contact Area _____ m²
Bottom of Stone/Sand Layer _____ Metres below original grade OR
Bottom of Stone/Sand Layer _____ Metres above original grade
- c. Tertiary Sewage System
Type: _____
Model: _____
Stone Area: _____ Sand Area: _____
- d. Loading Rate Area _____ m²
- e. 15 m Extended Sand Area (mantle) - Constructed or Native (circle one)

Side View Profile of Sewage System (to Scale)

Note: Show elevation above water table, bedrock or impermeable layer, existing grades, elevation of finished grade with respect to original etc.



Proposed Sewage Disposal System Site Plan (To Scale)

Show the following required information:

1. Septic Tank and Leaching Bed	7. Existing Sewage Systems (all)	13. Topographical Features (steep slopes, swamps etc)
2. Pump Chamber	8. Driveways	14. Direction of Slope/Grading
3. Loading Rate Area	9. Surface Waters	15. North Arrow
4. 15 metre Mantle Area	10. Property Lines	16. Scale Used
5. Proposed Structures	11. Foundation Drains	
6. Water Supplies (all)	12. Eavestrough Discharge	



Owner/Installer/Designer Name (match schedule 1)

Signature

Date

Calculation Sheet

OBC Proposed Requirements
Residential Sewage Disposal System

Name: _____ Address: _____ Tel: _____

1. Soil Condition

Soil Condition	
Depth (metres)	Soil Type
0 _____	
0.5 _____	
1 _____	
1.5 _____	
Show rock elevation	
Show water table	

2. (A) Sewage Flow (Residential)

a. Number of Bedrooms: _____ = _____ litres (1)
ADD

b. Living Space: _____ m² = _____ litres

Each 10m² over 200m² up to 400m²: _____ x 100 = _____ litres

Each 10m² over 400m² up to 600m²: _____ x 75 = _____ litres

Total: _____ litres (2)

OR ADD (whichever is larger flow)

c. Total Fixture Units: _____ = _____ litres
Each Fixture Unit over 20 _____ = _____ litres

Total Sewage Flow: (Q)(Add 1+2 or 3) _____ litres

(B) Sewage Flow (Non-Residential)

Other Occupancies	Volume in Litres	Total Daily Sewage Flow

3. Septic Tank Size

Residential Occupancy: Sewage Flow _____ x2 = _____ litres
note the minimum is 3600 litres

4. Leaching Bed Size

(Choose One Method)			
Method			
<input checked="" type="checkbox"/> X	Details and Figures		
Conventional Trench			
<input type="checkbox"/>	Total Length of pipe	Conventional $(Q \times T) =$ _____ m Treatment system $(Q \times T)/300 =$ _____ m Configuration _____ runs of _____ m Total: _____ m	
	Length of leaching chamber	Type 1 $=(Q \times T)/200 =$ _____ m Type 2 $=(Q \times T)/300 =$ _____ m	
Filter Bed			
<input type="checkbox"/>	Effective Area If $Q \leq 3000$ litres per day... $Q/75$ If $Q > 3000$ litres per day... $Q/50$ For level II-IV unit use $Q/100$	Effective Area = _____ (Q) / _____ (50,75,100) = _____ m ²	
	Pipe	Bed Shape _____ m x _____ m # of Beds = _____ Number of Runs: _____	
	Contact Area = $(Q \times T)/850$ Mantle (see below)	Contact Area = (_____ (Q) x _____ (T)) / 850 = _____ m ² Mantle Area = _____ m ²	
Shallow Buried Trench			
<input type="checkbox"/>	Percolation time (T) of soil in minutes 1 < T ≤ 20 20 < T ≤ 50 50 < T < 125	Length of Distribution pipe (metres) $Q / 75$ $Q / 50$ $Q / 30$	(LENGTH) = _____ (Q) / _____ (75,50,30) = _____ m Shape : _____ runs of _____ m Total: _____ m
	Type A Dispersal Bed		
<input type="checkbox"/>	Stone Layer If $Q \leq 3000$ litres per day $Q/75$ If $Q > 3000$ litres per day $Q/50$	Stone Layer = _____ (Q) / _____ (75 or 50) = _____ m ²	
	Sand Layer If T is between 1 – 15 $(Q \times T)/850$ If T is greater than 15 $(Q \times T)/400$	Sand Layer = (_____ (Q) x _____ (T)) / (400 or 850) = _____ m ² *use T of native soil. If sand layer is less than stone layer area, use stone layer area for both values* Shape : _____ runs of _____ m Total: _____ m	
Type B Dispersal Bed			
<input type="checkbox"/>	Area = $(Q \times T) / 400$ Linear Loading Rate (LLR) If $T < 24$ min, use 50 litres per min If $T \geq 24$ min, use 40 litres per min Length = Q / LLR	Area = (_____ (Q) x _____ (T)) / 400 = _____ m ² Pump Chamber Cap = _____ L Length = _____ m Shape = _____ m x _____ m = _____ m ² # of Beds _____	
	Mantle (If Applicable)		
	<input type="checkbox"/> Imported <input type="checkbox"/> Native	Q/Loading Rate = _____ m ² Shape : _____ m x _____ m	