



Application for a Permit to Construct/Install - SEPTIC

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><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>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			



Application for a Permit to Construct/Install - SEPTIC

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:		
***ALL INFORMATION WITH AN ** IS REQUIRED INFORMATION ***			
Application submitted to: <u>Township of Whitewater Region - Building Department</u> <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 (sq ft)		
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 **				
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.



COPY OF PLOT PLAN

Please complete drawing below – this is your property. Draw existing buildings and proposed septic tank and bed location as requested on this application.

Scale is: _____

A large, empty rectangular box with a thin black border, intended for the applicant to draw the plot plan, including existing buildings and proposed septic tank and bed locations.

←←←←**Street is here**→→→→

Comment: _____



TOWNSHIP OF WHITEWATER REGION
 44 Main Street, PO Box 40
 Cobden, ON K0J 1K0
 P: 613-646-2282
 F: 613-646-2283
 www.whitewaterregion.ca

SEPTIC SYSTEM INSTALLER FORM

<i>8 YgWjdhjcb'</i>	<i>HcHU'</i>	<i>L'</i>	<i>: jI hi fYI bJlg'</i>	<i>-</i>	<i>HcHU': jI hi fYI bJlg'</i>
Flush Tank Toilet			4	-	
Each Sink, Bathtub or Shower			1 1/2	-	
Dishwasher if direct connect			1 1/2	-	
Clothes Washing Machine			1 1/2	-	
Single or Double Laundry Tub			1 1/2	-	
Other				-	
<i>HcHU': jI hi fYg'</i>					

!!!!: CF 'G9K 5; 9 'GMGH9A!!!!

- Total floor area of all dwellings _____
- Total fixture units within all Buildings on the property (from section above) _____
- Total # of bedrooms on the property _____ daily flow rate _____ liters/day
- Existing soil conditions in sewage area:
 Soil Type _____
 Depth to bedrock/hardpan _____
 Depth to high water table _____
 Vegetation _____
- Describe mantel (down-slope area below sewage system) Existing Vegetation _____
 Soil Type _____ Depth _____ OR soil must be imported: Yes No

7 @ GG'C: 'GMGH9A 'f ca d'Yh'cbY!'fYZf'hc'h Y'CbHf]c'6i]X]b['7cXYL

Class 4 – Filter Bed (Proof of approved Filter Material must be provided):
 Area of Filter Medium (sq.M) _____
 No. of runs of tile _____ Header _____
 OR Distribution Box _____ Use of Existing Tank _____
 OR New Gov't approved _____ Concrete _____ Polyethylene _____ Size (L) _____

Class 4 – Trench Bed:
 Dug into existing soil _____ OR Imported Soil _____ Describe _____
 Total length of tile (M) _____ No. of runs of tile _____ Header _____
 OR Distribution Box _____ Use of existing tank _____
 OR New Gov't approved _____ Concrete _____ Polyethylene _____ Size (L) _____

Class 4 – Aerobic: Manufacturer & Model _____
 Daily Flow Rate Capacity (L) _____ Primary Tank _____
 Size (L) _____ Secondary Tank Size (L) _____ Bed Size (Sq.M.) _____

Class 4 – Other: Manufacturer & Model _____
 Other details _____ Daily Capacity (L) _____



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Septic Permit Application – Letter of Authorization

To Whom It May Concern:

I, _____ of _____ do hereby permit
(Owner's name) (Owner's Address)

_____ of _____
(Agent's name) (Agent's address)

to act as Authorized Agent in regards to applying for, and receiving of Septic Permits for the following project;

(Project Address)

(Owner's signature)

(Agent's signature)

(Date)