OFFICE USE ONLY

Permit #
Receipt #
Date Rec'd

NORTH BAY - MATTAWA CONSERVATION AUTHORITY
1972-2022 | 50 Years of Conservation

APPLICATION FORM & PROPOSAL FOR ON-SITE SEWAGE SYSTEM BUILDING PERMIT

NOTE: The property owner, applicant, designer and installer of the sewage system retain full responsibility for knowing the requirements of the Building Code Act & 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. By submitting this document you agree that the information provided can be shared with your local municipality and/or designer/installer and/or other persons as deemed necessary or involved in the project on the property in question.

If the listed applicant is not the property owner, please provide a **Letter of Authorization** from the registered property owner.

A guide to this application form is available from North Bay – Mattawa Conservation Authority's offices in either North Bay or Parry Sound. The guide is also available online at www.nbmca.ca.

Owner communication method: ❑ **Mail** ❑ **E-mail** ❑ **Fax** ❑ **Pick Up**
Installer communication method: ❑ **Mail** ❑ **E-mail** ❑ **Fax** ❑ **Pick Up**

1. Name of property owner	2. Name of installer ❑ Licensed ❑ Unknown ❑ Owner Install
_____	_____
Phone no. (_____)_____	Phone no. (_____)_____
Email_____	Email _____

PROPERTY INFORMATION				
Property Address				
Municipality				
Lot	Con.	Sub-lot	Plan	Parcel
Assessment roll no.				

Directions to lot: _____

_____

_____

_____

The proposed system will be (check appropriate box):

❑ **CLASS 2: GREYWATER PIT**

❑ **CLASS 3: CESSPOOL**

❑ **CLASS 4: LEACHING BED/TANK** ❑ Tank & bed ❑ Tank only ❑ Bed only ❑ Treatment unit

❑ **CLASS 5: HOLDING TANK**

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: _____
(Name of municipality, upper-tier municipality, board of health or conservation authority)

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

New construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit

Proposed use of building	Current use of building

Description of proposed work

C. Applicant

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	

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 *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.

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).	Yes	No
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
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 *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 proposed building, construction or demolition will not contravene any applicable law.	Yes	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]

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 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?
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)

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

Schedule 3: Site Evaluation Form

TEST PIT

Sub-surface conditions encountered:

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

Water Supply:	❑ **Proposed**	❑ **Existing**	
❑ Lake	❑ Drilled well	❑ Dug well	❑ Other (specify):_____

Shore road allowance owned: N/A YES NO Municipal zoning _____

Has the lot been previously severed? YES NO Zoning approval(s) attached? YES NO

Lot dimensions: Frontage (m) _____ Depth (m) _____ Area (m^2) _____

Inspector's Report:

Date: _____

Time: _____

Weather: _____

Person(s) in attendance

Watercourses on lot: YES NO

SRA owned: N/A YES NO

Name:

Applicable Law: N/A

MTO HYDRO EP OTHER: _____

Increased municipal setbacks required: YES NO

O.Reg. 177/06 (North Bay office only): YES NO

Slope _____

Vegetation _____

Suitable for in-ground installation: YES NO PARTIAL

Proposed height of raised bed (m): _____

Increased setbacks required? YES NO

Setback distances adhered to: YES NO

MLA existing: YES NO PARTIAL

Proposal acceptable & meets OBC requirements?

YES NO Acceptable with changes

_____

_____

_____

Inspector's signature: _____

Date: _____

Comments/concerns/additional information required:

_____

_____

_____

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Property address_____

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 (toilet, sink, tub/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 =**	
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
** Sinks whether double or single count as 1.5 units

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)

OFFICE USE ONLY

_____ APPROVED _____ NOT APPROVED DATE: _____

Property address_____

Schedule 5: Proposal to Construct

Propose to _____ a Class _____ sewage system to serve _____
(construct, install, alter, extend, enlarge, replace, etc.) (facility: e.g. single family dwelling, motel, etc.)

Is the land currently vacant? YES NO Additions / renovations proposed? YES NO

If replacing, is there a permit for the system on the property? YES NO Permit # _____

Is the existing system failing? YES NO Explain: _____

Is there more than one system on the property? YES NO Permit # _____

Will the proposed system service more than one building? YES NO List: _____

Provide proposed information rather than minimum requirements:

❑ **Class 2 Greywater Pit** ❑ **Class 3 Cesspool** **(For flow calculations see OBC Part 8, 8.4.1.2(2): Q cannot exceed 1000 L/D)**				
Type of Class 1 on site:	❑ Privy ❑ Composting ❑ Chemical ❑ Other: _____			
Wall structure:	❑ Cement block ❑ Rock ❑ Wood ❑ Other: _____			
Sidewall area: m^2	Length: m	Width: m	Depth: m	Type of cover: _____

❑ **Septic Tank** ❑ **Class 5 Holding Tank**	❑ **Treatment Unit** ❑ **Digester Tank**
❑ New ❑ Use existing Size _____ Permit #_____	❑ Level II ❑ Level III ❑ Level IV
Proposed working capacity: _____ Liters	Make / Model of treatment unit: _____

T-time (min/cm): _____ Method of subsurface detection: _____	Pump required? ❑ No ❑ Effluent ❑ Raw ❑ TBD

❑ **Class 4F Filter Bed**	Number of beds: _____ Raised height (above grade): _____m	Bed area: _____ m^2 Contact Area: _____ m^2
Mantle loading area: _____m^2 ❑ Native ❑ Imported	Length _____m x Width _____m	

❑ **Class 4 Trench Bed**	Total length: _____m	Raised height (above grade): _____m
Mantle loading area: _____m^2 ❑ Native ❑ Imported	Length _____m x Width _____m	

❑ **Type A / B**	Stone area: _____m^2 Sand area: _____m^2	Sand area: ❑ Native (supply sieve analysis) ❑ Imported Raised height (above grade): _____m

❑ **SBT / BNQ / BMEC / Other (Fill accordingly)**	

PROPOSAL

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Property address_____

Schedule 6: Site Plan Diagram

Designer on file:	**Installer on file:**

PROPOSAL

DRAWING REQUIREMENTS: PLEASE CHECK (IF ATTACHING A SEPARATE DIAGRAM PLEASE 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 <u>pipes in bed and tank</u> to ALL buildings, structures, property lines, surface water, easements, rights-of-way, driveways and wells (including neighboring wells)**

PROPOSED DISTANCES (Actual, <u>not</u> 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

OFFICE USE ONLY

_____ APPROVED _____ NOT APPROVED DATE: _____

PERMIT #
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Property address_____

Schedule 7: Cross Sectional Diagram

Designer on file:	Installer on file:

PROPOSAL

DRAWING REQUIREMENTS: PLEASE CHECK (IF ATTACHING A SEPARATE CROSS SECTION PLEASE 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: _____

OFFICE USE ONLY

_____ APPROVED _____ NOT APPROVED DATE: _____

LETTER OF AUTHORIZATION

NORTH BAY - MATTAWA CONSERVATION AUTHORITY
1972-2022 | 50 Years of Conservation

On-site Sewage Systems

Authorization to submit an application for a Sewage System Building Permit by a person other than the legal owner.

I_____, being the legal owner of the property described as

Lot_____, Concession_____, Pt. _____, Plan_____,

Parcel_____, in the Municipality/Township of _____,

District of_____, located at

Civic address_____, and having a

Tax Assessment Roll Number of _____,

Authorize_____, to submit an application to the North Bay-Mattawa Conservation Authority for a sewage system building permit to authorize the construction of an on-site sewage system at the above noted property.

Dated at _____ City/Town

Signature of Legal Owner _____ Date _____