



**THE CORPORATION OF  
THE TOWN OF LAKESHORE**  
419 Notre Dame St., Belle River NOR 1A0  
519-728-2818

**Application for a Permit to Construct or Demolish**

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:	
Application submitted to: _____ <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>			
<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>			
<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			
<b>C. Applicant</b> 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 (    )	
<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
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.		<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): _____			
<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).		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <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
<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.



**THE CORPORATION OF  
THE TOWN OF LAKESHORE**  
419 Notre Dame St., Belle River NOR 1A0  
519-728-2818

**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>			
<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 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			
<b>D. Declaration of Designer</b>			
I _____ declare that (choose one as appropriate): (print name)			
<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. Individual BCIN: _____ Firm BCIN: _____			
<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. Individual BCIN: _____ Basis for exemption from registration: _____			
<input type="checkbox"/> 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:**

- For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d), 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.
- Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, 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.



**THE CORPORATION OF  
THE TOWN OF LAKESHORE**  
419 Notre Dame St., Belle River NOR 1A0  
519-728-2818

**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?			
<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)			
<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>			
I _____ declare that:			
(print name)			
<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;			
<u>OR</u>			
<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.			
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	

DATE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

**SITE PLAN**

Show the following:

Property Lines

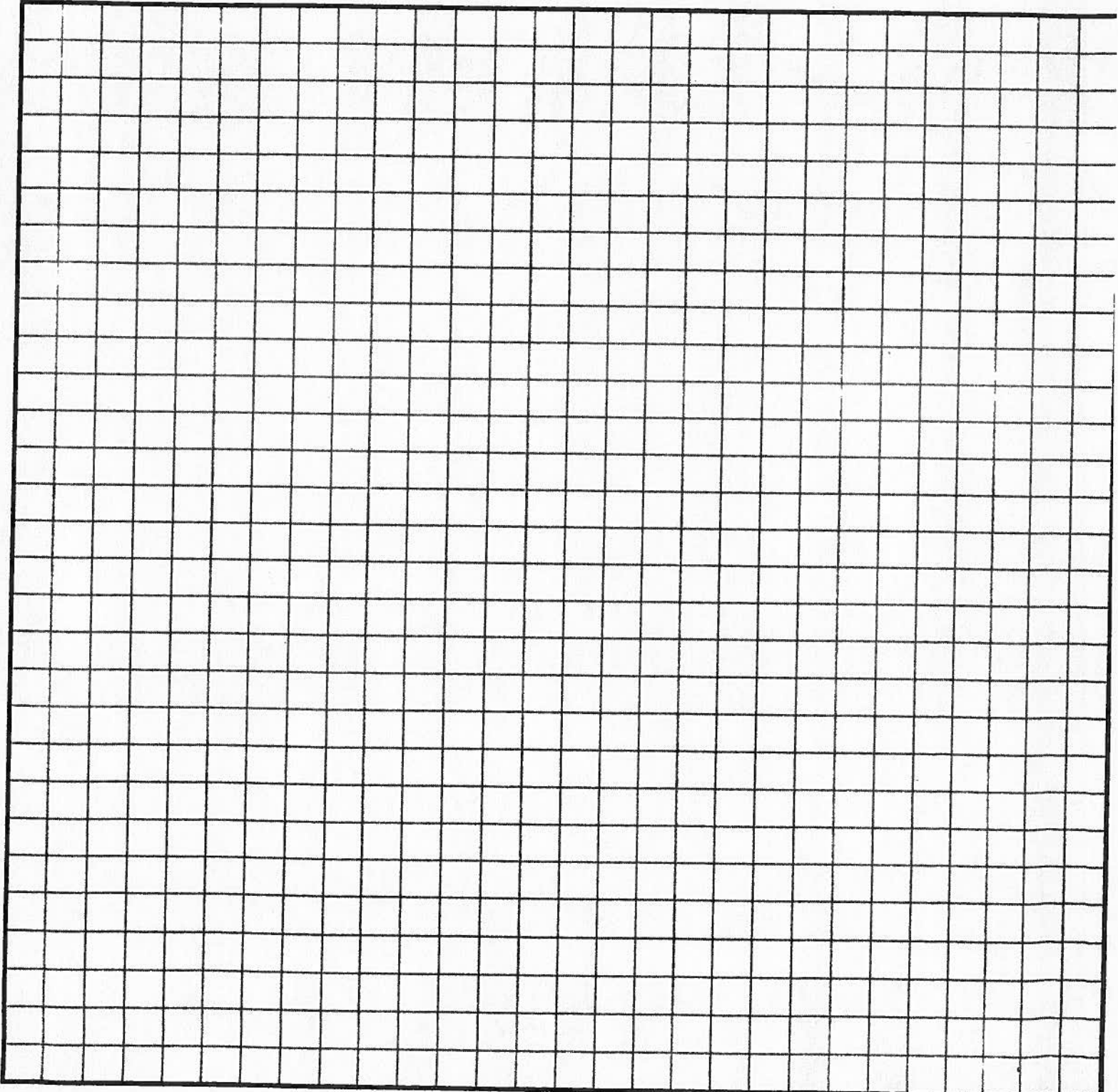
All buildings

Road, driveways, trees, water courses (lakes, rivers, municipal drains)

Location of existing or proposed wells

proposed location of septic tank, distribution tile, mantle area

north arrow



DATE: \_\_\_\_\_  
 SITE ADDRESS: \_\_\_\_\_

**Septic System Information Sheet**

**Proposal**

Propose to \_\_\_\_\_ a Class \_\_\_\_\_ Sewage System to serve \_\_\_\_\_  
 construct/repair/alter \_\_\_\_\_ Tile Bed: 4, holding tank =5 \_\_\_\_\_  
 S.F.D., Bunk House, Retail etc.

**PROPOSED DESIGN - ATTACH A DETAILED SITE PLAN SHOWING THE LOCATION OF DWELLING AND SEWAGE SYSTEM (WITH CROSS-SECTION) IN RELATION TO LOT LINES, WELLS, SURFACE WATER, DRIVEWAYS, EASEMENTS, SWIMMING POOLS AND OTHER BUILDINGS.**  
**OTHER ATTACHMENTS REQUIRED ARE SOIL ANALYSIS REPORT, TABLE 1 (calculation of fixture units), TABLE 2 (calculation of daily estimated sewage flow).**

# BEDROOMS \_\_\_\_\_ # FIXTURE UNITS \_\_\_\_\_ TOTAL FLOOR AREA \_\_\_\_\_ M2  
 Percolation Rate \_\_\_\_\_ Estimated Daily Sewage Flow \_\_\_\_\_ Litres/day Septic Tank Size \_\_\_\_\_ Litres(min 3600 litres)

Disposal Bed Size (complete only applicable formula)

1. Standard Trenches :  

$$L = \frac{Q \times T}{200}$$

$$= \frac{\quad \times \quad}{200}$$

$$= \quad \text{Metres}$$

2. Raised :  

$$L = \frac{Q \times T}{200}$$

$$= \frac{\quad \times \quad}{200} (T \text{ of Fill})$$

$$= \quad \text{Metres}$$

3. Shallow Buried Trenches :  
 Refer to guidelines for applicable formula  

$$L = \frac{Q}{75}$$

$$= \frac{\quad}{75}$$

$$= \quad \text{Metres}$$

Dosing Pump Required \_\_\_\_\_ (Yes/No) If Yes, Dosing Capacity \_\_\_\_\_

If Installing a Tertiary Treatment Unit with Shallow Buried Trenches, please attach manufacturer's service & monitoring agreement.

Owner / Agent Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 I certify that the above information is complete and correct.

DATE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

**TABLE 1**

**CALCULATION OF FIXTURE UNITS - HYDRAULIC LOAD**

	<b>COLUMN 1</b>	<b>COLUMN 2</b>	<b>COLUMN 3 (multiply columns 1 by columns 2)</b>
<b>ITEMS:</b>	<b>FIXTURE UNITS PER ITEM</b>	<b>HOW MANY?</b>	<b>TOTAL FIXTURE UNITS</b>
<b>FULL BATHROOM (toilet, sink, shower or bathtub)</b>	<b>8</b>		
<b>1/2 BATHROOM (toilet, sink)</b>	<b>5 1/2</b>		

**ADDITIONAL BATHROOM FIXTURES - NOT COUNTED ABOVE**

<b>WHIRLPOOL BATHROOM</b>	<b>2</b>		
<b>FLUSH TOILET</b>	<b>4</b>		
<b>SHOWER STALL</b>	<b>1 1/2</b>		
<b>BATHTUB</b>	<b>1 1/2</b>		
<b>WASHBASIN</b>	<b>1 1/2</b>		
<b>BIDET</b>	<b>1</b>		
<b>KITCHEN SINK (single bowl 1 1/2, double bowl 3)</b>	<b>1.5 or 3</b>		
<b>DISHWASHER</b>	<b>1 1/2</b>		
<b>LAUNDRY TUB / WASHING MACHINE</b>	<b>1 1/2</b>		

**TOTAL NUMBER OF FIXTURE UNITS: (add up columns 3) = \_\_\_\_\_**

**\*INCLUDE ANY FIXTURES THAT MAY BE PLANNED IN FUTURE EXPANSIONS / RENOVATIONS**

**OWNER / APPLICANT SIGNATURE: \_\_\_\_\_**

**PLEASE ATTACH THIS COMPLETED TABLE TO YOUR APPLICATION**

DATE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

**TABLE 2**

**CALCULATING THE ESTIMATED DAILY SEWAGE FLOW FOR RESIDENCE**

<b>BASIC VALUES FOR ALL RESIDENCE:</b>	<b>LITRES / DAY</b>
a) 1 bedroom dwelling	750
b) 2 bedroom dwelling	1100
c) 3 bedroom dwelling	1600
d) 4 bedroom dwelling	2000
e) 5 bedroom dwelling	2500
<b>Total Basic Value For Applicants Dwelling:</b>	_____
<b>ADDITIONAL VALUES FOR ALL RESIDENCE:</b>	
f) 50 litres/day for each fixture unit over 20, 100 litres/day for each 10m <sup>2</sup> , or part thereof, over 200m <sup>2</sup> Whichever is The Greater	_____
g) 500 litres/day for each bedroom over 5:	_____

**TOTAL:** \_\_\_\_\_

**OWNER / APPLICANT SIGNATURE:** \_\_\_\_\_



## **CARE AND MAINTENANCE OF PRIVATE WASTE DISPOSAL SYSTEMS (SEPTIC BED AND TILE BED)**

Under no circumstances should a homeowner enter a septic tank.

- Noxious gases, which are heavier than air, remain in the tank after the cover is removed, and have caused death to both the original victim and to those who attempted to rescue the person from the tank.
- A licensed professional should only do entry during the inspection of the septic.

Do not alter the grade over the tile bed after it has been installed and inspected.

- This may affect its biological operation and may result in malfunctioning of the system.

The septic tank should be inspected at least every two years and pumped out when necessary.

- The septic should be pumped out every 3-4 years, or when the sludge in the tank is approaching 1/3 full mark.
- If more than this amount of sludge build's up, there is a chance that particles can get into the disposal field and cause blockage and system failure.

Keep water usage to a minimum.

- The more water used the more that must be handled by septic drain fields.
- Reduce water usage by purchasing appliances such as dishwashers and washing machines that have water conserving features.
- Install water conserving showerheads & facets and fix leaky faucets.
- Avoid indiscriminate flushing of toilets.
- Minimize the use of spas and hot tubs.
- Wash only full loads of clothes, and distribute wash loads over several days rather than all on one day.
- Food waste disposer are not recommend for use with private septic systems , as the tile bed must be increased by as much as 25% in size.
- As an alternative to disposing of organic materials through your septic system, try composting. (More information available by calling the Essex-Windsor Waste Management Committee at 1-800-563-3377.)

Do not use the septic tank as a disposal system.

- Do not allow the following items to enter the system: water softener backwash, paints, solvents, grease, coffee grounds, bones, cooking fats, filter cigarette butts, disposal diapers, paper toweling, tissues, sanitary napkins, etc.
- Moderate use of household drain solvents, cleaners, disinfectants, etc. should not interfere with the operation of the sewage disposal system; however, indiscriminate use may cause problems.
- Organic based household cleaners are highly recommended.
- White toilet papers are preferred, as it breaks down faster and more completely than coloured toilet papers.

Do not allow roof drains, sump pump discharge or surface runoff to drain toward the tile field area.

- Water ponding upon the tile field and saturation of soils within the tile field reduces the overall effectiveness of the system by reducing the ability of the tile field to dispose of liquid waste.
- Do not install sprinkler systems in the tile bed area.

Vehicular traffic (including snowmobiles) should not be allowed over the leaching bed.

- Any traffic over the leaching bed may cause solid compaction and damage to the distribution pipe.
- In the winter, snowmobile traffic causes compaction of the snow, which can increase the depth of freezing which can have negative effects on the leaching bed.

There should be no need to use “starters”, “bacterial feeds” or “cleaners” in the tank.

- It is important not to add excessive amounts of soil to the leaching bed as this may prevent evapotranspiration (evapotranspiration is the loss of water from the solid both by evaporation and by transpiration from the plants growing thereon)
- It is also important that objects such as patios, sundecks, swimming pools and tool sheds not be located within 15 feet of the leaching bed.
- Trees or shrubs should not be planted within 10 feet of this area.
- Shrubs planted in the tile bed area as approved by the Ministry of Health can improve the effectiveness of the system.
- Avoid planting shallow rooting trees such as willows and cedars near the tank or tile disposal field.

**This is not a guarantee of the system workmanship or that it will continue to function as designed. The malfunction of a septic system should be reported promptly to the agency responsible for Part 8 of the Ontario Building Code in your Municipality.**