



Ministry of Municipal  
Affairs and Housing

## Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

### For use by Principal Authority

Application number:	Permit number (if different): <b>NP 2010-13 W</b>
Date received: <b>Sept. 27/10</b>	Roll number: <b>08-42-000-042-13100-0000</b>

Application to be submitted to:



### Project information

✓ Building number, street name <b>42 Rebecca Lane</b>	Unit number	Lot/con.
Municipality <b>Westport</b>	Postal code <b>K0G 1X0</b>	Plan number/other description <b>Plan 169 Pt BLK NRP 282794 Parts 1+2</b>
Project value est. \$ <b>229,000</b>	Area of work (m <sup>2</sup> )	

✓ Applicant	Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner	
Last name	Corporation or partnership	
Street address	Unit number	Lot/con.
Municipality <b>Tay Valley</b>	E-mail	
Telephone number		

### 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 ( )	
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 ( )	

### Purpose of application

<input checked="" type="checkbox"/> New construction <b>OF SEPTIC system</b>	<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 <b>RES</b>	Current use of building <b>RES</b>			

### Description of proposed work

**REPLACE EXISTING SEPTIC SYSTEM**

# 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): \_\_\_\_\_

## Attachments

- Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
- Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
- Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

## Declaration of applicant

I, \_\_\_\_\_, certify that:

- The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- I have authority to bind the corporation or partnership (if applicable).

Sept 20/2010  
Date

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.

Please provide the following information, as it pertains to your building permit application

MASON \_\_\_\_\_

FRAMER \_\_\_\_\_

PLUMBER \_\_\_\_\_

B. BLACKBURN LTD

ELECTRICIAN \_\_\_\_\_

MECHANICAL \_\_\_\_\_

The following fee will be calculated based on the information provided I your building permit application

Building Permit Fee \_\_\_\_\_

Septic Permit Fee ☒ \_\_\_\_\_

Solid Fuel Appliance \_\_\_\_\_

Plumbing Permit Fee \_\_\_\_\_

Occupancy Permit Fee \_\_\_\_\_

Demolition fee \_\_\_\_\_

HVAC Fee \_\_\_\_\_

Swimming Pool Fee \_\_\_\_\_

Building Without Permit \_\_\_\_\_

Other \_\_\_\_\_

TOTAL \_\_\_\_\_

## Office Use Only:

Zoning: \_\_\_\_\_ Setbacks & Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Exterior Side: \_\_\_\_\_

Comments:

## Schedule 2: Sewage System Installer Information

### A. Project Information

Building number, street name <b>412 Rebecca Lane</b>		Unit number	Lot/con.
Municipality <b>Westport</b>	Postal Code <b>K0G 1X0</b>	Plan number/other description <b>Plan 169 TTBLK NZP 28R794 Part 1+2</b>	

### 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 2.18.1.1?

- ☒ 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 <b>B. BLACKBURN LTD.</b>		BCIN. <b>16342</b>	
Street Address <b>155 KEAYS ROAD</b>		Unit Number	Lot/Con. <b>22/07</b>
Municipality <b>RIDEAU LAKES</b>	Postal Code <b>K0G 1A0</b>	Province <b>ON</b>	E-mail <b>b.blackburnltd@live.ca</b>
Telephone number <b>(613)267-4760</b>	Fax <b>(613)267-5271</b>	Cell Number <b>(613) 812-0083</b>	

Name of qualified supervisor(s)	Building Code Identification Number (BCIN)
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BRUCE BLACKBURN	11459
JEFF BLACKBURN	14977

### E. Declaration of Applicants:

I,  declare that:

☐ 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;

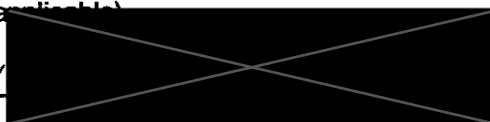
OR

☒ 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. I have authority to bind the corporation or partnership (if applicable)

✓ Sept 20/2010  
Date





ROLL#  
PERMIT #

**SEWAGE SYSTEM DESIGN CRITERIA**  
**CLASS 4 SYSTEM**

FEE: \$520 ☐ paid

State # of:	Bedrooms/Units/ Sleeping Cabins	People	Floor Area m <sup>2</sup>	Fixture Units
Proposed	1 FURNITURE			
Existing (If Applicable)	2	4	94m <sup>2</sup>	10.5

2. **Water Supply:** ☐ Proposed or ☒ Existing  
☐ Dug or bored well ☒ Drilled Well  
 Casing Depth 6m ☐ Water Treatment Units  
☐ Other: \_\_\_\_\_

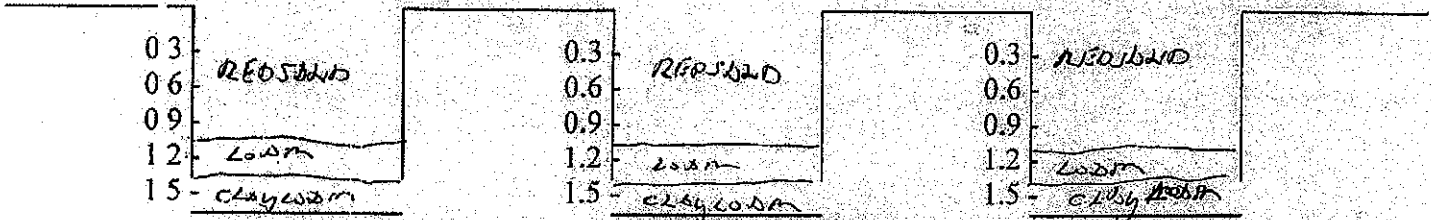
**FIXTURE UNIT COUNT**

3. Please complete the following table:

Description of Fixtures	Total #	X (multiply)	Fixture Units	Total
Bathroom group (3 or 4 piece bathroom)	1	X	6	6
Water Closet (tank toilet)		X	4	
Each sink	1	X	1 1/2	1.5
Bathtub or shower		X	1 1/2	
Dishwasher		X	1/2	
Clothes washing machine	1	X	1 1/2	1.5
Single or double laundry tub	1	X	1 1/2	1.5
Other		X		
Q = Total design flow				10.5

4. **Subsurface Soil Condition - To Be completed by Owner/Agent/Designer**

Three test locations are required. Depth in metres to bedrock, watertable and description of soil type are to be shown for each soil profile.



DESIGN PERCOLATION RATE 10 min/cm ☒ Native Soil ☐ Imported

The percolation rate shall be determined by either percolation tests (using the highest percolation time from the three tests) or by classifying the soil according to the Unified Soil Classification System.

5.

<b>Leaching Bed Profile</b> 		<b>Leaching Bed Design Calculations</b> Conventional $L = QT/200 =$ _____ No. of runs _____ Filterbed <3000L/D $CA = QT/850$ <u>19</u> m <sup>2</sup> SAND 100 = TREATMENT UNIT $LA = Q/75$ <u>16</u> m <sup>2</sup> STONE AS PER BC 8752 Sentence 5 Filterbed >3000L/D $LA = Q/50$ _____ m <sup>2</sup> Mantle for Class 4 Q/LR <u>EXISTING</u> m <sup>2</sup>	
Working capacity of septic/holding tank Class 4 = Q x 2 min 3600L <u>3600</u> Class 5 = Q x 7 min 9000L _____	Tertiary Treatment if Applicable ECFLD 51650 B/B/C CONCRETE TANK C/W PUMP & ALARM	Length of distribution pipe 21m of 1 1/2" ABS PRESSURIZED PIPE 3 RUNS OF 7m EACH C/W 4 HOLES @ 2.4m APART IN BOTTOM OF PRESSURIZED PIPE	

## 6. CLASS 4 (Leaching Bed)

**Conventional:** ☐ Trench Method ☐ Area Method ☐

If bed to be extended, the existing total distribution pipe length is \_\_\_\_\_ (m).

**Filter Bed:** ☐ Note: If the daily design flow is over 5000L/day, Secondary treatment is required.

**Shallow-Buried (tertiary treatment) Trench Type:** ☐ Type/Model: \_\_\_\_\_

System designed for effluent treatment as per Table 8.6.2.2.A of Code: Yes ☐ No ☐

Manufacturer's/BMEC information attached: ☐

**Unconventional:** ☐ Type/Model: ST 500 ECO FLO Secondary ☐ Tertiary ☒

System designed for effluent treatment as per Table 8.6.2.2.A of Code: Yes ☒ No ☐

Manufacturer's/BMEC information attached: ☐

**Existing Tank to be used:** Yes ☐ Tank Size: \_\_\_\_\_ (litres) No ☒ Tank should be removed N/A ☐

**New Tank(s) to be used:** ☒ Number of Tanks: 1

Effluent Filter to be installed in tank(s): Yes ☒ No ☐ Risers: Yes ☒ No ☐

**Tank 1 Volume:** (in litres) 3600. (minimum tank size is 3600L) **Tank 2 Volume:** \_\_\_\_\_.

**Type of Tank(s):** Concrete ☒ Polyethylene ☐ Fiberglass ☐ Steel (existing only) ☐

**Header Used in Bed:** ☐ **Distribution Box Used in Bed (8 or more runs):** ☐ **No. of box outlets** ☐

**Gravity Fed** ☒ **or Pumped** ☐ Head \_\_\_\_\_ (m). Run time \_\_\_\_\_. Horsepower \_\_\_\_\_. Volume \_\_\_\_\_

**To be used to pump waste** ☐ **To be used to pump effluent** ☐

## 7. PROFILE THAT BEST DESCRIBES CLASS 4 SYSTEM (Check one)

<b>CONVENTIONAL In-ground (TRENCH)</b> 	<input type="checkbox"/>	<b>CONVENTIONAL Partially-Raised (TRENCH/AREA)</b> 	<input type="checkbox"/>	<b>CONVENTIONAL Fully-Raised (AREA)</b> 	<input type="checkbox"/>	<b>SHALLOW BURIED TRENCH</b> 	<input type="checkbox"/>
<b>FILTER BED In-ground</b> 	<input type="checkbox"/>	<b>FILTER BED Partially-Raised (EXISTING MANTLE)</b> 	<input type="checkbox"/>	<b>FILTER BED Partially - Excavated</b> 	<input type="checkbox"/>	<b>FILTER BED Fully-Raised</b> 	<input type="checkbox"/>
<b>OTHER:</b> Describe other secondary or tertiary treatment system: _____						<b>Information, calculations attached</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Radco Lark**  
The Experience in Economy

**SITE PLAN:** Provide the following information:

- 
- SEE ATTACHED NOTES FOR DISTANCES
- LAKE 25.29m
- 30m
- 0.0021 DW
- 0.003 DW
- 0.004 DW
- 0.005 DW
- 0.006 DW
- 0.007 DW
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maintainance Agreement Recd Nov 25/16 Page 6 of 7

REFUSED - OCT 1/2010

**B. Blackburn Ltd.**  
Plumbing, Pump Service & Excavating  
155 Keays Rd. R.R #1, Balderson  
ON K0G 1A0  
Phone: (613)267-4760  
Fax: (613)267-5271

Applicants Name: XXXXXXXXXX



(NOTE)

For Rideau Lakes

Schedule 7 B

( ) Distance from - Structure to septic tank	<u>1.5m</u>	
- Structure to septic bed PIPE	<u>4m</u>	
- Lake, river well to septic tank	<u>27m</u>	
- Lake, river well to septic bed	<u>29m</u>	
- Septic bed to lot line TO THE PIPE	<u>ON EAST SIDE 1m</u>	
- Septic tank to lot line	<u>ON EAST SIDE 2m</u>	
- Area of mantel	<u>N/A</u>	
- Well on adjacent lot to septic bed	<u>WELL NO 1 IS 24m</u>	<u>WELL NO 3 IS 22m</u>
- Well on adjacent lot to septic tank	<u>WELL NO 1 IS 25m</u>	<u>WELL NO 3 IS 19m</u>
OWNER'S LOT - Distance from the well to septic tank	<u>17m</u>	
OWNER'S LOT - Distance from well to septic bed	<u>19m</u>	