

APPLICATION FOR A BUILDING PERMIT FOR A SEWAGE SYSTEM

MUNICIPAL OFFICIALS WILL NOT COMPLETE THIS FORM THE APPLICATION FORM MUST BE COMPLETED IN INK

Owner		Contracto	or			
Address		Address				
	Postal Code		Postal Code			
Tel: Home ()	Work (<u>)</u>	Tel: Hom	Tel: Home (Work ()			
Provid	de the following property inforn	nation for th	ne proposed	undertal	king(s)	
Former Township	Island # or lot & Con		Sublot #	Practica	Il Location (lake, road abourhood)	
Property Size	Is there an original shoreline road all	owance/crown	reserve Yes I	□ No □	Roll Number	
Use of existing buildings and their floor area 1 4 5 5.						
	e area below may be used for the re				ge 4.	

Schedule 2: Sewage System Installer Information

A. Project Information						
Building number, street name			Unit number	Lot/con.		
Municipality	Postal code	Plan number/ other desc	ription			
B. Sewage system installer						
Is the installer of the sewage system engagemptying sewage systems, in accordance	aged in the busine with Building Co	ess of constructing on-site, ide Article 3.3.1.1, Division (installing, repairing, s C?	ervicing, cleaning or		
☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)						
C. Registered installer information	n (where answ	er 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	on (where ansv	ver to section B is "Yes	5")			
Name of qualified supervisor(s)		Building Code Identification	n Number (BCIN)			
E. Declaration of Applicant:						
1	Ideclare 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;						
<u>OR</u>						
☐ 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:						
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: Sewage System Site Information

Section A – Building Information

Please complete the following table:				
Description Description	Total	X	Fixture Units	= Total Fixture Units
Water Closet (Flush Tank Toilet)	. <u></u> .	X	4	=
Each Sink Or		X	1 ½	=
Bathtub Or Shower		X	1 ½	=
Dishwasher if direct connect		X	1 1/2	=
Clothes Washing Machine		X	1 ½	=
Other		X	1 ½	=
Other		X	1 ½	=
			Total Fixture Uni	ts

No Construction Shall Commence Prior to the Septic Permit Being Issued

Section B – For Sewage System

Total Floor Area	Total Fixture Units
Total # of Bedrooms	Size of Building
Daily Flow rate	Holding Tank
Litres/Day	Concrete
	Polyethylene
Pick a class	Normal Tank
Class 2 Grey – Water Pit	Concrete
Class 4 Filter Bed	Polyethylene
Class 4 Trench Bed	
Class 5 (Holding Tank)	
Size (L)	Total Length of tile (M)
# Of Runs of Tile	Depth to Bedrock
Depth to Zones of soil saturation	On Site Installer's BCIN
Septic Contractors BCIN	

This Application Must Be Accompanied by the Required Fee



PROPOSED SITE PLAN

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Street Name:	
NITOOL MUITO	

This area is to show location of the proposed construction and location of existing structures near all property lines. This sketch is to as accurate as possible.



Sewage System Site Plan and Elevation Readings

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Benchmark is	Notes:
=	
5 5 .	
Building Drain =	
Tank Inlet =	
Talik illiet =	
Tank Outlet =	
Turk Gutiet =	
Header =	
Middle =	
End =	