Building Services
4432 George Street, Box 100
Sydenham, ON K0H 2T0
(613) 376-3027
building@southfrontenac.net

CHECKLIST: PERMIT APPLICATION FOR A NEW OR REPLACEMENT CLASS 4 OR CLASS 5 SEWAGE SYSTEM

Sewage system permit applications must include the **below items in bold** to be accepted by Building Services. Applications may be refused if items are missing, not readable, or are incomplete.

- ☐ **1) Two (2) page Building Permit Application to Construct or Demolish form**
- ☐ **2) Schedule 1: Designer Information form**
- ☐ **3) Schedule 2: Sewage System Installer Information form**
- ☐ **4) Schedule 3: Site Evaluation form (information on in-situ soils and imported material)**
- ☐ **5) Schedule 4: Design Criteria form (residential Daily Design Sewage Flow calculations)***
  * Provide separate calculations for a multi-unit (>2) residential or other non-residential project
- ☐ **6) Schedule 5: Proposal to Construct form (sewage system design details)**
- ☐ **7) Schedule 6: Site Plan Diagram – must show the following:**
  - **the total dimensions/area of the property and an arrow indicating North,**
  - **the location, dimensions and area of the sewage system in relation to the property,**
  - **the street or lane name, address and driveway location,**
  - **distance from any of the following items to the sewage system: nearby wells (on property and/or neighbouring), property lines, existing and/or proposed structures (including existing sewage system), the high water mark, watercourse, any other waterbody, overhead power lines.**
- ☐ **8) One (1) Typical Drawing A - I (sewage system cross-section/elevation drawing)**
- ☐ **9) Owner's Responsibilities form**
- ☐ **10) Agent Authorization form (not needed if homeowner is applicant/installer)**
- ☐ **11) Construction drawings of the floor plan (new build) or a floor plan sketch (replacement system) showing all floors of the dwelling with exterior dimensions, room labels and a list of plumbing fixture types per room. Only one (1) set of drawings and a PDF copy is needed if the drawing set is legible at 11" x 17" or smaller.**

A PDF copy of item 11 must be submitted electronically at the time of application.

Holding tanks (Class 5 systems) only: a copy of an agreement with a licenced sewage hauler.

Any of the following items related to the property may also be requested as part of your permit application package: the deed or recent tax bill (proof of property ownership), the most recent land survey, the well record, and if applicable, a copy of the Development Agreement. A copy of the current BMEC authorization may be required for an approved innovative sewage system.

Conservation Authority's (CA) regulated area per O. Reg. 41/24 – for any project on your property that is close to or within the appropriate CA's regulated area, you must provide either:

- a copy of the approved permit from the CA for this project, or
- written confirmation (email) from the CA that a permit is **not** required from their office for this project.

New Sewage Systems: your project will be reviewed by South Frontenac's Planning Services for compliance with our Zoning By-law; if approved, you will be issued a Planning Compliance Certificate.

SOUTH FRONTENAC

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: **Township of South Frontenac**
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information

Building number, street name		Unit number	Lot/con.
Municipality: South Frontenac	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: Ontario	E-mail
Telephone number ext.	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 ext.	Fax		Cell number

E. Builder (if known)

Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ext.	Fax	Cell number	

F. New home construction licensing requirement

i. Is the proposed construction for a new home as defined in the *New Home Construction Licensing Act, 2017*? If no, go to section G.	☐ Yes	☐ No
ii. Is a licence required under the *New Home Construction Licensing Act, 2017*?	☐ Yes	☐ No

iii. If yes to (ii) provide licence 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., 12th Floor. Toronto, ON M7A 2J3 (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 South Frontenac	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 ext.	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 Professional Engineers Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality: South Frontenac	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 ext.	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

APPROXIMATE SOIL PERCOLATION RATES (T-time)

The following are **estimated** ranges of soil percolation rates (T-times) measured in a rate of min/cm. Actual on-site soil conditions may vary significantly from estimates; it can be difficult to tell a 30 from a 50 just by looking at it.

Estimated T-times shall be determined by samples analyzed by the Unified Soil Classification System, the Soil Texture Classification from the USDA Soil Survey Manual, or percolation tests being conducted on in-situ soils.

Disputes about estimated T-times shall be resolved by sending in-situ soil samples to a Canadian Council of Independent Laboratories testing firm at the applicant's cost. The T-time will be determined by the falling head test and grain size analysis; the percent passing the 75 µm #200 sieve is to be included for silt content.

Soil Type	Sand	Sandy Loam	Loam	Silty Loam	Clay Loam	Silt - Clay	Clay
T-time (min/cm)	10	12 - 20	17 - 25	20 - 30	30 - 40	40 - 50	50+

Sub-surface conditions encountered:		**Applicant's Use**		**Approved by Inspector**
Indicate depth to bedrock, T>50, &/or high ground water table (where present):	Depth (m)	Soil type	T-time	❑ Yes ❑ No

IMPORTED SEPTIC STONE AND LEACHING BED FILL CERTIFICATION

I, _____, certify that the materials used to construct the sewage system, under the application herein, meet Ontario Building Code requirements, and correspond to the percolation rate on the application and the soils analysis provided to the Township of South Frontenac:

NAME / NUMBER OF LICENSED AGGREGATE PIT	TYPE OF MATERIAL	T-TIME / SILT CONTENT	TESTING DATE (mm/dd/yyyy)
		/	
		/	
		/	

Note: *Leaching bed fill* means soil used to construct of conventional and chamber leaching beds, filter beds, dispersal beds, and area beds as prescribed under specific Building Materials Evaluation Commission authorizations. It may not include a requirement for other soils as prescribed by treatment unit manufacturers; check with the manufacturer before installation. The silt content of *leaching bed fill* must be included in the analysis.

The Township of South Frontenac may require you to submit soil samples for analysis.

_____ _____

Signature of Authorized Agent or Owner Date

Schedule 4: Design Criteria

DESCRIPTION	DWELLING				OTHER: _____			
	Total # of Existing	Total # of Proposed	# UNITS PER FIXTURE	**TOTAL FIXTURE UNITS**	Total # of Existing	Total # of Proposed	# UNITS PER FIXTURE	**TOTAL FIXTURE UNITS**
Bathroom group – 3 piece (toilet, sink, tub/shower)			**x 6.0 =**				**x 6.0 =**	
Additional toilet			**x 4.0 =**				**x 4.0 =**	
Bathtub or shower			**x 1.5 =**				**x 1.5 =**	
Additional sinks			**x 1.5 =**				**x 1.5 =**	
Kitchen sink			**x 1.5 =**				**x 1.5 =**	
Dishwasher			**x 1.0 =**				**x 1.0 =**	
Clothes Washer			**x 1.5 =**				**x 1.5 =**	
Laundry tub			**x 1.5 =**				**x 1.5 =**	
Other:_____			**x =**				**x =**	
FIXTURE UNITS	Total:				Total:			
FINISHED FLOOR AREA m²	Existing	Proposed	Total		Existing	Proposed	Total	
# OF BEDROOMS			Total:				Total:	

DESIGN FLOW CALCULATION TABLE				
Residential Occupancy			**Volume (L)**	**Flows**
(A) Bedroom flow	1 bedroom dwelling		750	
	2 bedroom dwelling		1100	
	3 bedroom dwelling		1600	
	4 bedroom dwelling		2000	
	5 bedroom dwelling		2500	
(B) Extra bedroom flow	Each bedroom over 5,		500	
(C) Living area flow	Each 10 m² (or part thereof) over 200 m² up to 400 m²,		100	
	Each 10 m² (or part thereof) over 400 m² up to 600 m², and		75	
	Each 10 m² (or part thereof) over 600 m², or		50	
(D) Fixture count flow	Each fixture unit over 20 fixture units		50	

Daily Design Sewage Flow, Q =_____ liters/day A + (B or C or D)

Schedule 5: Proposal to Construct

Water Supply: ☐ **Proposed** ☐ **Existing**			
❑ Lake ❑ Shore well	❑ Drilled well Casing depth: ____ m	❑ Dug well ❑ Sandpoint	❑ Other (specify):_____

Provide proposed information instead of minimum requirements:

☐ **Septic Tank** ☐ **Class 5 Holding Tank**	❑ **Treatment Unit** ☐ **Digester Tank**
☐ New – proposed working capacity:_____ litres	☐ Level II ☐ Level III ☐ Level IV
☐ Use existing – size:_____ Permit _____	Make / model of treatment unit: _____

T-time (min/cm) of existing soil: _____	Subsurface detection method: _____	Pump required?	❑ No ❑ Macerating ❑ TBD ❑ Effluent

Mantle Loading Area Trench Bed, Leaching Chambers, Filter Bed **only**	Percolation Time (T) of Existing Soil, min/cm	1 < T ≤ 20	20 < T ≤ 35	35 < T ≤ 50	T > 50
	Loading Rates, (L/m^2)/day	**10**	**8**	**6**	**4**
☐ Existing Soil (T ≤ 15) ☐ Imported Leaching Bed Fill	Q ÷ Loading Rate = _____ m^2 Length _____ m x Width _____ m				

Class 4 Trench Bed **Class 4 Leaching Chambers** Typical Drawing A	Total pipe length: $\frac{Q \times T}{\quad}$ = _____ m Raised height (above grade): _____ m Conventional & Type I Leaching Chambers $\frac{Q \times T}{200}$ Type II Leaching Chambers $\frac{Q \times T}{300}$
Class 4 Filter Bed Typical Drawing B If Q ≤ 3000 L/day, Q÷75 If Q > 3000 L/day, Q÷50	Loading area: Q ÷ 75 / 50 = _____ m^2 If over 50 m^2, # of filter beds: _____ Contact area: $\frac{Q \times T}{850}$ = _____ m^2 Raised height (above grade): _____ m
Class 4 BMEC Bed Typical Drawing C, D or E	Specified sand area: $\frac{Q \times T}{400}$ = _____ m^2 Length _____ m x Width _____ m Number of modules: Q ÷ _____ = _____ Raised height (above grade): _____ m
Type A Dispersal Bed Typical Drawing F, G, H or I If Q ≤ 3000 L/day, Q÷75 If Q > 3000 L/day, Q÷50	Stone area: Q ÷ 75 / 50 = _____ m^2 Raised height: (above grade): _____ m 1<T≤15 sand area: $\frac{Q \times T}{850}$ = _____ m^2 T > 15 sand area: $\frac{Q \times T}{400}$ = _____ m^2

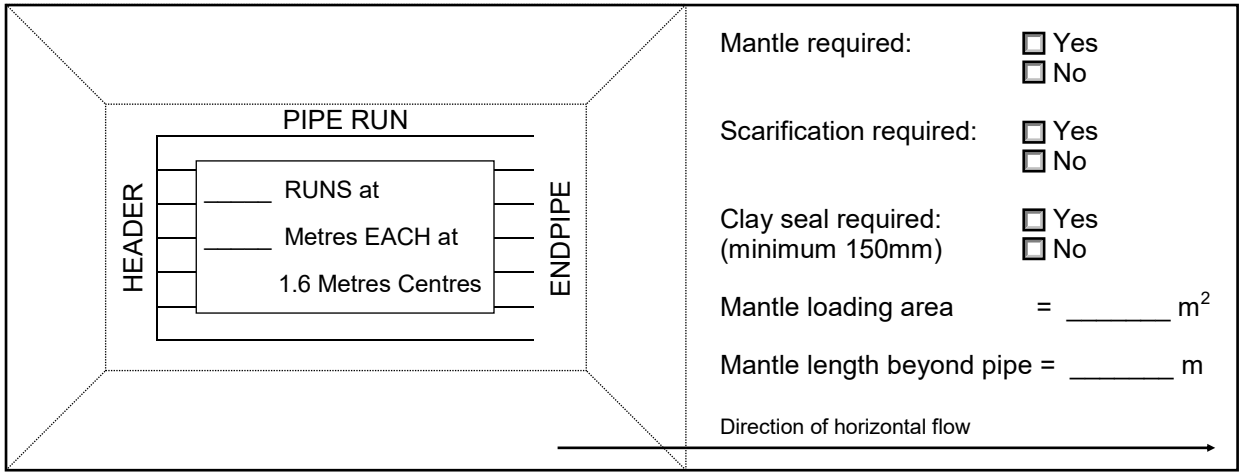
Schedule 6: Site Plan Diagram

SOUTH FRONTENAC

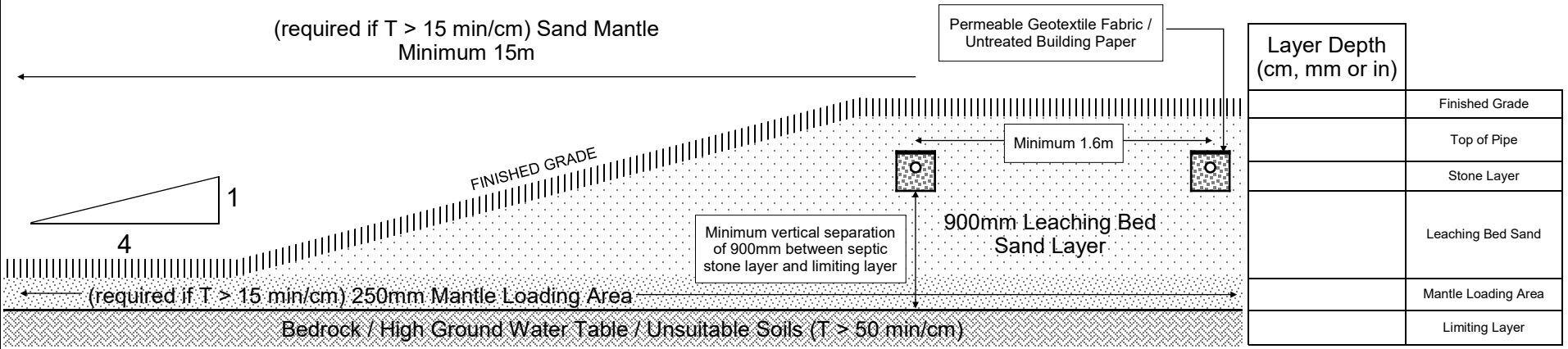
TYPICAL DRAWING A

BURIED OR RAISED LEACHING BED
ABSORPTION TRENCH

Plan View (not to scale)



Cross-Section Profile (not to scale)

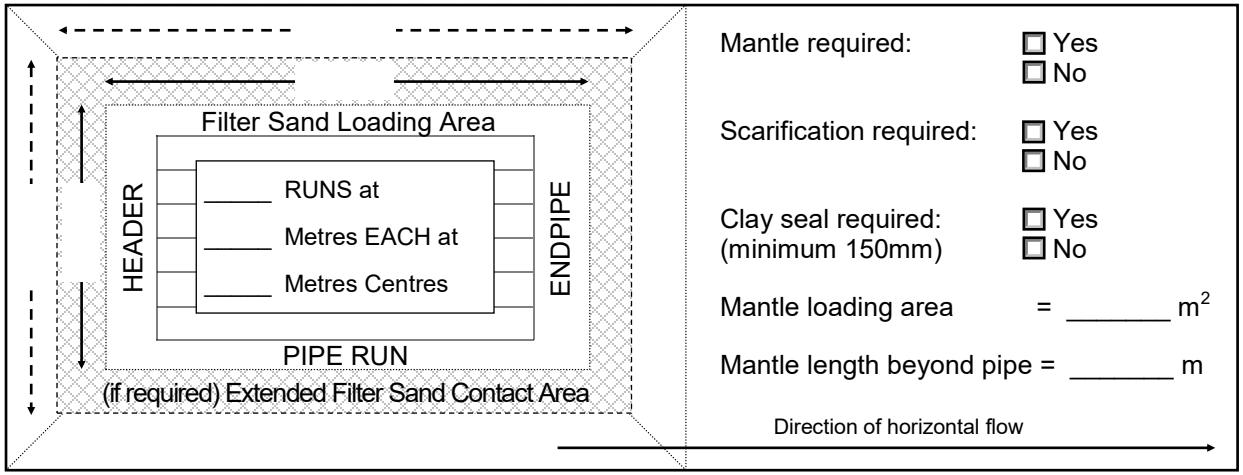


Layer Depth (cm, mm or in)	
	Finished Grade
	Top of Pipe
	Stone Layer
	Leaching Bed Sand
	Mantle Loading Area
	Limiting Layer

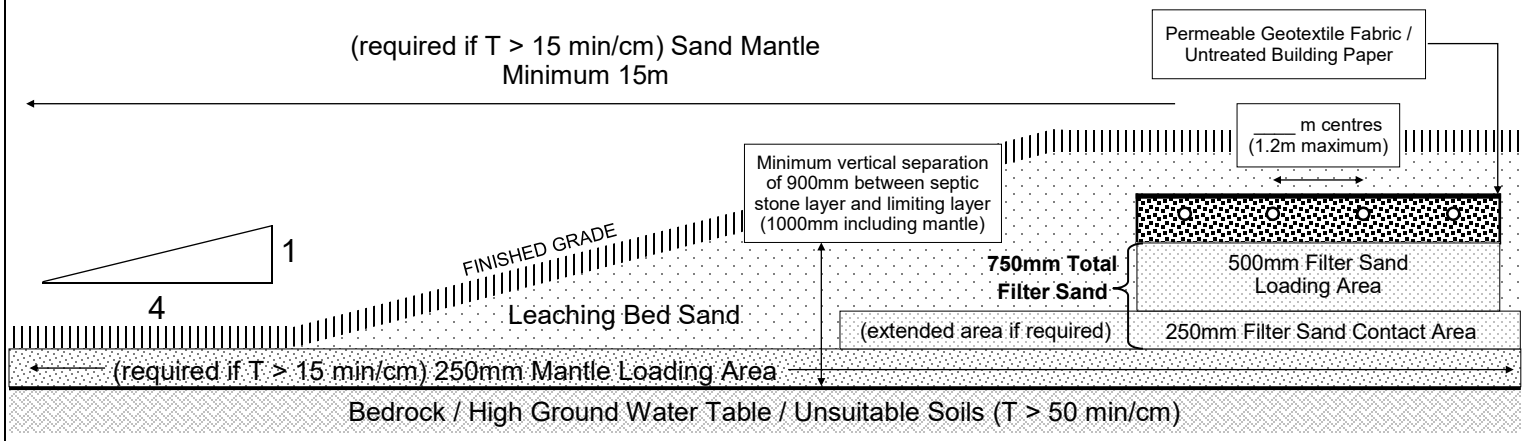
SOUTH FRONTENAC

TYPICAL DRAWING B
BURIED OR RAISED FILTER BED

Plan View (not to scale)



Cross-Section Profile (not to scale)



Layer Depth (cm, mm or in)	
	Finished Grade
	Top of Pipe
	Stone Layer
	Filter Sand Loading Area
	Filter Sand Contact Area
	Mantle Loading Area
	Limiting Layer

Building Services
4432 George Street, Box 100
Sydenham, ON K0H 2T0
(613) 376-3027
building@southfrontenac.net

OWNER RESPONSIBILITIES

Property owner(s): _____

Project address: _____

Phone number: _____ Email: _____

Roll number: _____

Lot/concession: _____ Registered Plan number: _____ Part(s): _____

To the Township of South Frontenac,

I declare that:

☐ I am the property owner listed above, or

☐ I am the authorized agent of the property owner listed above.

As the property owner/authorized agent, I hereby acknowledge the following:

- The issuance of a Building Permit and/or a general site review by Building Services staff is not confirmation that all zoning setbacks have been adhered to. This includes but is not limited to separation of structures to the high water mark, lot lines, sewage systems, and other structures. It is understood that it is the sole responsibility of the property owner/authorized agent to meet the setback requirements set out in the South Frontenac Zoning By-law 2003-75, and
- Permit drawings and documents submitted with errors or omissions contained therein do not relieve the property owner and/or authorized agent from the responsibility of completing all work to meet or exceed the requirements of the Ontario Building Code, and
- The property owner(s) are obligated to arrange for the inspections indicated on the permit card issued for the project, and that no work will proceed until the Building Inspector has inspected the various stages of construction indicated on the permit card, and
- An Occupancy Permit **must be issued by a Township Building Official prior to any occupancy** of a seasonal or permanent residence, and
- If the property owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____

Building Permit Applicant Signature Date

Note: the Ontario Building Code Act requires that any request for inspection is made at least two (2) regular business days in advance of the regular business day upon which the inspection is needed.

Building Services
4432 George St, Box 100
Sydenham ON, K0H 2T0
613-376-3027
building@southfrontenac.net

Agent/Owner Authorization Form

Permit #: PR

A. Project location:
Street address:

B. Authorized agent of owner:			
Last name:	First name:	Corporation/partnership:	
Street address:		Postal code:	Province:
Phone number:	Cell number:	E-mail:	

C. Parties authorized to receive inspection reports:		**Trade specific reports**	**All reports**
Company/Contractor	Contact email		
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

D. Declaration of Owner:

I, _____, being the registered owner of the above noted property hereby authorize the party stated in Section B of this form to make application for permit on my behalf to Building Services of the Township of South Frontenac in accordance with the applicable requirements of the Ontario Building Code for the purpose of the identified project.

All parties identified in Section C are hereby authorized to receive inspection reports as outlined above.

☐ I, as the registered owner of the above noted property, wish to be copied on all communication throughout the application and review process.

☐ I, as the registered owner of the above noted property, wish to receive a copy of all inspection reports.

Date:	Signature:

Note: It is the responsibility of the owner/authorized agent to provide the contact information in Section C and to update this information if there are any changes. If this information is not provided, any assigned inspection reports will only be sent to the applicant for the above noted project.