

Application for Review of Performance Level of Existing Sewage System

This form is authorized under subsection 8(1.1) of the *Building Code Act*

For use by Principal Authority			
Date received:	Permit number (if different):		
Date paid:	Roll number:		
Application submitted to: <u>TOWNSHIP OF GREATER NAPANEE</u> <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>			
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: <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
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 <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			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). 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.			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 <i>Building Code Act, 1992</i> .			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 <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.			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.

Owner Authorization

I/we, _____, being the legal owner(s) of the property described as
Lot _____, Concession _____, Parts(s)/Sublot(s) _____ of Registered Plan of
Survey/Subdivision _____, in the Municipality of _____,
located at Civic Address _____,
certify that _____ is authorized to submit an
Application to Construct or Demolish to the Town of Greater Napanee for the purposes of installing a sewage
system in accordance with Ontario Regulation 332/12, and to act as my/our representative for any associated
site inspections.

I/we certify that all information and material provided for the purpose of this application is accurate.

Signature of legal owner(s): _____

Review of Performance Level of an Existing On-Site Sewage System

H. Application Purpose																																																																																																								
<input type="checkbox"/> Building Addition <input type="checkbox"/> Garage <input type="checkbox"/> Pool <input type="checkbox"/> Other*																																																																																																								
* If other, please explain proposal or need for review:																																																																																																								
I. Building Addition																																																																																																								
Existing number of bedrooms:	Additional number of bedrooms:	New total number of bedrooms:																																																																																																						
Existing total floor area of dwelling: m²	Proposed additional floor area of dwelling: m²	New total floor area: (existing + proposed) m²																																																																																																						
J. Existing Fixture Units (see OBC Table 7.4.9.3. for non-residential)	K. Additional Fixture Units – for proposed additions/renovations	L. Water Supply																																																																																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"># of Units</th> <th style="width: 20%; text-align: center;">Total</th> </tr> </thead> <tbody> <tr><td>Bathroom Group (3-4 piece bathroom)</td><td style="text-align: center;">___ x 6.0 =</td><td style="text-align: center;">___</td></tr> <tr><td>Bathtub (with or without shower)</td><td style="text-align: center;">___ x 1.5 =</td><td style="text-align: center;">___</td></tr> <tr><td>Toilet</td><td style="text-align: center;">___ x 4.0 =</td><td style="text-align: center;">___</td></tr> <tr><td>Clothes Washer</td><td style="text-align: center;">___ x 1.0 =</td><td style="text-align: center;">___</td></tr> <tr><td>Dishwasher</td><td style="text-align: center;">___ x 1.5 =</td><td style="text-align: center;">___</td></tr> <tr><td>Laundry Tubs</td><td style="text-align: center;">___ x 1.5 =</td><td style="text-align: center;">___</td></tr> <tr><td>Shower Drain</td><td style="text-align: center;">___ x 1.5 =</td><td style="text-align: center;">___</td></tr> <tr><td>Sinks</td><td style="text-align: center;">___ x 1.5 =</td><td style="text-align: center;">___</td></tr> <tr><td>Other</td><td style="text-align: center;">___ x ___ =</td><td style="text-align: center;">___</td></tr> <tr><td>Total Existing</td><td style="text-align: center;">=</td><td style="text-align: center;">_____</td></tr> </tbody> </table>		# of Units	Total	Bathroom Group (3-4 piece bathroom)	___ x 6.0 =	___	Bathtub (with or without shower)	___ x 1.5 =	___	Toilet	___ x 4.0 =	___	Clothes Washer	___ x 1.0 =	___	Dishwasher	___ x 1.5 =	___	Laundry Tubs	___ x 1.5 =	___	Shower Drain	___ x 1.5 =	___	Sinks	___ x 1.5 =	___	Other	___ x ___ =	___	Total Existing	=	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"># of Units</th> <th style="width: 20%; text-align: center;">Total</th> </tr> </thead> <tbody> <tr><td>Bathroom Group (3-4 piece bathroom)</td><td style="text-align: center;">___ x 6.0 =</td><td style="text-align: center;">___</td></tr> <tr><td>Bathtub (with or without shower)</td><td style="text-align: center;">___ x 1.5 =</td><td style="text-align: center;">___</td></tr> <tr><td>Toilet</td><td style="text-align: center;">___ x 4.0 =</td><td style="text-align: center;">___</td></tr> <tr><td>Clothes Washer</td><td style="text-align: center;">___ x 1.5 =</td><td style="text-align: center;">___</td></tr> <tr><td>Dishwasher</td><td style="text-align: center;">___ x 1.5 =</td><td style="text-align: center;">___</td></tr> <tr><td>Laundry Tubs</td><td style="text-align: center;">___ x 1.5 =</td><td style="text-align: center;">___</td></tr> <tr><td>Shower Drain</td><td style="text-align: center;">___ x 1.5 =</td><td style="text-align: center;">___</td></tr> <tr><td>Sinks</td><td style="text-align: center;">___ x 1.5 =</td><td style="text-align: center;">___</td></tr> <tr><td>Other</td><td style="text-align: center;">___ x ___ =</td><td style="text-align: center;">___</td></tr> <tr><td>Total Additional</td><td style="text-align: center;">=</td><td style="text-align: center;">_____</td></tr> <tr><td>New Total Fixture Units (existing + additional)</td><td style="text-align: center;">=</td><td style="text-align: center;">_____</td></tr> </tbody> </table>		# of Units	Total	Bathroom Group (3-4 piece bathroom)	___ x 6.0 =	___	Bathtub (with or without shower)	___ x 1.5 =	___	Toilet	___ x 4.0 =	___	Clothes Washer	___ x 1.5 =	___	Dishwasher	___ x 1.5 =	___	Laundry Tubs	___ x 1.5 =	___	Shower Drain	___ x 1.5 =	___	Sinks	___ x 1.5 =	___	Other	___ x ___ =	___	Total Additional	=	_____	New Total Fixture Units (existing + additional)	=	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Proposed</th> <th style="width: 20%; text-align: center;">Existing</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Drilled well</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="padding-left: 20px;">Casing depth _____m</td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Dug, bored, or blasted well</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Sandpoint or drivepoint well</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Surface water</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Shore well</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Municipal water</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Cistern</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Other:</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="padding-left: 20px;">_____</td><td></td><td></td></tr> </tbody> </table>		Proposed	Existing	<input type="checkbox"/> Drilled well	<input type="checkbox"/>	<input type="checkbox"/>	Casing depth _____m			<input type="checkbox"/> Dug, bored, or blasted well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sandpoint or drivepoint well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Surface water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shore well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Municipal water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cistern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	_____		
	# of Units	Total																																																																																																						
Bathroom Group (3-4 piece bathroom)	___ x 6.0 =	___																																																																																																						
Bathtub (with or without shower)	___ x 1.5 =	___																																																																																																						
Toilet	___ x 4.0 =	___																																																																																																						
Clothes Washer	___ x 1.0 =	___																																																																																																						
Dishwasher	___ x 1.5 =	___																																																																																																						
Laundry Tubs	___ x 1.5 =	___																																																																																																						
Shower Drain	___ x 1.5 =	___																																																																																																						
Sinks	___ x 1.5 =	___																																																																																																						
Other	___ x ___ =	___																																																																																																						
Total Existing	=	_____																																																																																																						
	# of Units	Total																																																																																																						
Bathroom Group (3-4 piece bathroom)	___ x 6.0 =	___																																																																																																						
Bathtub (with or without shower)	___ x 1.5 =	___																																																																																																						
Toilet	___ x 4.0 =	___																																																																																																						
Clothes Washer	___ x 1.5 =	___																																																																																																						
Dishwasher	___ x 1.5 =	___																																																																																																						
Laundry Tubs	___ x 1.5 =	___																																																																																																						
Shower Drain	___ x 1.5 =	___																																																																																																						
Sinks	___ x 1.5 =	___																																																																																																						
Other	___ x ___ =	___																																																																																																						
Total Additional	=	_____																																																																																																						
New Total Fixture Units (existing + additional)	=	_____																																																																																																						
	Proposed	Existing																																																																																																						
<input type="checkbox"/> Drilled well	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																						
Casing depth _____m																																																																																																								
<input type="checkbox"/> Dug, bored, or blasted well	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																						
<input type="checkbox"/> Sandpoint or drivepoint well	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																						
<input type="checkbox"/> Surface water	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																						
<input type="checkbox"/> Shore well	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																						
<input type="checkbox"/> Municipal water	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																						
<input type="checkbox"/> Cistern	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																						
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																						

M. Current Sewage System Information																																																																																																								
<input type="checkbox"/> Septic tank _____ litres <input type="checkbox"/> Leaching bed _____ metres of distribution piping <input type="checkbox"/> Filter bed loading area _____ m ²	<input type="checkbox"/> Holding tank _____ litres <input type="checkbox"/> Treatment unit type _____ <input type="checkbox"/> Class 1 and 2 (outhouse/privy and leaching pit)																																																																																																							
N. Previous Permit Information																																																																																																								
Permit / Certificate of Approval number(s)*:	Year installed:																																																																																																							
* If unknown, please attach a list of previous owners:																																																																																																								



The Town of Greater Napanee has a duty to protect employees from all forms of harassment and violence white in the workplace. By signing this application, I agree that all dealings with employees will be handled in a respectful and appropriate manner. I further agree that I and/or persons acting on my behalf, will conform to all applicable policies of the Town of Greater Napanee, which can be provided on request. Breach of a policy could result in processing delays, denial of service or other remedies contained in the approved policy.

Thank you for your cooperation.

_____ Name

_____ Signature

_____ Date