



# Septic System

## 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 <u>THE CITY OF BELLEVILLE</u> (Name of municipality, upper-tier municipality, board of health or conservation authority)			
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 <sup>2</sup> )	
B. Purpose of application			
<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			
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.			<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): _____				
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.			<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
I. Declaration of applicant				
<p>_____ declare that:</p> <p>( print name)</p> <p>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.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p>Date Signature of applicant</p>				

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.



## 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	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 ( ) ( )	Fax number ( ) ( )	Cell number ( ) ( )	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
<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			
D. Declaration of Designer			
<p>I _____ declare that (choose one as appropriate):          (print name)</p> <p><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: _____</p> <p><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: _____</p> <p><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: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <p>_____ Date _____ Signature of Designer</p>			

**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 practice, a limited license to practice, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.



## 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>			
<p>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?</p> <p> <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)         </p>			
<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>			
<p>_____ declare that:</p> <p style="text-align: center;">(print name)</p> <p> <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;         </p> <p><b>OR</b></p> <p> <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.         </p> <p>I certify that:</p> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			

## Applicable Law Questions

The following questions must be answered in order to complete your application for a building permit and to determine if approvals are required from any other agency before the building permit can be issued.

Completing this form accurately and providing any other required approvals at application time will help expedite the processing of the building application and permit.

Please answer to the best of your knowledge.

Please circle any statements that apply to the property.

1. Is this property:

Fronting on a municipally assumed and maintained road or approved plan of subdivision?

Serviced by municipal water?

Serviced by municipal sanitary services?

Serviced by a septic system on the property?

2. Is the building used:

As a day care?

As a funeral home?

For processing milk?

To house farm animals?

For manure storage?

As a charitable institution?

As a senior's home?

As a senior's centre?

As a nursing home?

3. Is there:

A farm, feedlot or manure storage within 500 meters

A lake, river, creek, stream, pond or wetland on or within 500 meters of the property?

A provincial highway within 800 meters?

A railway within 500 meters of the property?



4. Is approval required by:

- The Conservation Authority?
- The Health Unit (food)?
- The Ministry of Environment?

Planning Section for Site Plan Approval?

5. Is the permit:

- To demolish a school?
- To demolish a heritage building?

For a mobile, park model or modular home?

6. Is the building

- Located on public land?
- Designated heritage building?

7. Is the property use changing to residential?

8. Was the property used as a disposal site?

9. Are Development Charges applicable?

10. Is zoning by-law relief required? (Confirm with Planning Section)

Comments:

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***Quinte Conservation Regulated Areas span unexpected areas.***

***It is HIGHLY encouraged that applicant's search the subject property on Quinte Conservation's GIS mapping service PRIOR to building permit submission. If a regulated zone crosses any portion of the subject property, not just where the development or construction will take place,***

***Quinte Conservation MUST be contacted.***



# Statement Regarding Required Inspections

## Commitment to Inspections

To: City of Belleville – Building Section – Engineering and Development Services

Re: \_\_\_\_\_  
(Civic Address or Legal Property Description)

I \_\_\_\_\_  
(Owner or Authorized Agent)

understand and acknowledge the following:

- that the building permit is to be printed and posted at all times in a conspicuous place on the property
- that the drawings and specifications which formed the basis for permit issuance and which have been stamped by the City of Belleville Building Section are to be printed and kept on site at all times
- that the City of Belleville Building Inspector indicated on the building permit is to be contacted by the site supervisor or other person in charge of construction to arrange for all of the inspections listed below and that notice of up to 2 business days after the date of request may be required
- that the Building Inspector may at their discretion refuse to do an inspection if the site is determined to be unsafe or safe access to the inspection areas is not provided and, that the inspection will need to be rebooked for a different date once safety concerns have been resolved
- that not requesting inspections or covering or enclosing work without inspection may result in orders being issued against the project

***Drawings bearing the red 'City of Belleville' permit information stamp are to be printed and available on site for use during inspections. Inspections may not be completed if this set of drawings is not available.***

All of the listed inspections may not apply to the specific project in this application submission. Each permit will receive a project specific list of inspections upon receipt of the issued permit.



## Required Inspections

***Minimum 48 Hour notice required for each inspection. Ensure plans are on site.***

1. Ready to Construct
2. Prior to Covering
3. Final

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(Signature of Owner or Authorized Agent)

(Date)





# Services Form

## Septic Information (Classes 2 to 5)

**For Residential Septic Systems Only** (All other calculations are to be provided separately.)

### Number of Each Fixtures

Flush Toilets	
Urinals	
Washbasins	
Kitchen Sinks	
Showers or Bathtubs	
Dishwashers	
Drains	
Laundry Sink	
Clothes Washer	
Other	

### Water Supply

Proposed

Existing

AND

Dug or Bored Well

Drilled Well (casing greater than 6 meters)

Municipal

Other (Specify)

**Required Test** (Article 8.2.1.2 of the OBC requires one of the following tests.)

	Hole 1	Hole 2	Hole 3	Highest Perc. Time
Percolation Test				

Complete documentation and calculations shall be submitted.

OR

Unified Soil Classification : \_\_\_\_\_ Percolation Time: \_\_\_\_\_

Testing Report to be submitted.

### At Location of Test Hole (Must be within the Bed Area)

Depth	0m	0.5m	1m	1.5m
Soil Type				

Water Table: \_\_\_\_\_ meters

Rock: \_\_\_\_\_ meters



# Septic Calculation Form

Ontario Building Code Proposed Requirements for a Residential Sewage Disposal System

Address: \_\_\_\_\_

(Civic Address or Legal Property Description)

## Sewage Flow

1. Number of Bedrooms ( ) = ( ) litres [1]

ADD

2. Number of Living Spaces ( ) x 100 = ( ) litres

(over 10 sq m, up to 400 sq m)

Number of Living Spaces ( ) x 75 = ( ) litres

(over 400 sq m, up to 600 sq m)

Subtotal = ( ) litres [2]

OR ADD (whichever is the larger flow)

3. Total Fixture Units ( )

Total Fixture Units over 20 ( ) x 50 = ( ) litres [3]

**Total Sewage Flow {Q}: (Add1+2 or 3) = ( ) litres**

## Septic Tank Size

Residential Occupancy: Sewage Flow ( ) x 2 = ( ) litres

**Recommend (Minimum 3600 L): = ( ) litre tank**

## Leaching Bed Size

(150 m / 492 ft or more of pipe or chamber requires a pump or siphon) (maximum 30 m / 98 ft in each length)

1. Absorption Trench and Type I Leaching Chamber:

(Provide Make and Model)

Length of Pipe/Chamber = (Sewage Flow x Percolation Time) / 200

= ( x ) / 200

=

(m of trench / ft of trench)

=

(rounded m of trench / ft of trench)



2. Level II, Level III or Level IV Treatment Units or Type II Leaching Chamber:

(Provide Make and Model)

$$\begin{aligned} \text{Length of Pipe/Chamber} &= (\text{Sewage Flow} \quad \times \text{Percolation Time}) / 300 \\ &= ( \quad \quad \quad \times \quad \quad \quad ) / 300 \\ &= \quad \quad \quad \\ & \quad \quad \quad \text{(m of trench / ft of trench)} \\ &= \quad \quad \quad \\ & \quad \quad \quad \text{(rounded m of trench / ft of trench)} \end{aligned}$$

**Loading Rate for Fill-Based Absorption Trenches and Filter Beds**

Percolation Time	Loading Rate (L / sq m / day)
1-20	10
20-35	8
35-50	6
50 and up	4

$$\begin{aligned} \text{Sewage Flow} \quad / \quad \text{Loading Rate} &= \text{sq m of contact area} \\ ( \quad \quad \quad ) \quad / \quad ( \quad \quad \quad ) &= ( \quad \quad \quad ) \text{ sq m of contact area} \end{aligned}$$

**Filter Bed Size**

- Sewage Flow less than 3000 litres per day  
 $( \quad \quad \quad ) / 75 = ( \quad \quad \quad ) \text{ sq m of filter bed}$
- Sewage Flow more than 3000 litres per day  
 $( \quad \quad \quad ) / 50 = ( \quad \quad \quad ) \text{ sq m of filter bed}$

**Filter Bed Contact Area of Filter Sand**

$$\begin{aligned} \text{Area} &= (\text{Sewage Flow} \quad \times \text{Percolation Rate}) / 850 \\ &= ( \quad \quad \quad \times \quad \quad \quad ) / 850 = ( \quad \quad \quad ) \text{ sq m of contact area} \end{aligned}$$

Expanded contact area is to be no less than the filter bed size.

(Signature of Septic System Designer)

(Date)



# Authorization & Planning Approval

## Owner Authorization

***Authorization needs to be signed and dated by the property owner within 30 days of the application submission.***

For the property owner to appoint an Agent to apply for the building permit on their behalf.

I/We

\_\_\_\_\_ (Property Owner/s)

hereby authorize

\_\_\_\_\_ (Agent)

to apply, on my/our behalf for a building permit on my/our property located in the City of Belleville at:

\_\_\_\_\_ (Civic Address or Legal Property Description)

\_\_\_\_\_  
(Signature of Owner/s)

\_\_\_\_\_  
(Date)

***If property ownership cannot be confirmed via the City of Belleville's Tax Department or the Municipal Property Assessment Corporation, or the lot is subject of a recent Site Plan Agreement or Subdivision Agreement, a copy of the property deed will be requested.***



# Septic System Permit Fees Form

Fees are to be filled out by the applicant and verified by the Building Section.

## Permit Charges

<b>Septic Permit</b>	= \$
\$640.00 for new system	
\$150.00 for repairs, alterations or additions to an existing system	
<b>Surcharge</b>	= \$
30% of permit fee (\$150.00 minimum)	
<b>Total</b>	= \$