



Municipality of Dysart et al
Building Department
135 Maple Avenue, Box 389
Haliburton, Ontario, K0M 1S0
Tel.: (705) 457-1740 Fax: (705) 457-1964
Website: www.dysartet.al.ca

Sewage System Permit Instructions

This Package Contains:

1. Ontario Building Code Application for a Permit to Construct or Demolish including Schedule 1 and Schedule 2;
2. Proposed Sewage System Design and Calculation Sheet;
3. Building and Sewage System Permit Fee Schedule.

All forms provided in this package must be completed and returned to Building Department along with the following other required documentation:

1. A Site Plan referenced to an up to date survey when available or to a drawing of the lot, **neatly and accurately drawn**, which shall indicate:
 - a) the dimensions of the lot (length, width);
 - b) the location and size of the proposed buildings & all existing buildings;
 - c) location of well, septic, easements (hydro, right of way etc) & driveways;
 - d) the setbacks of proposed building or addition from all lot lines, the road and other buildings within 3 metres, the highwater mark, and the well and septic system;
 - e) indicate any survey stakes that have been located;
 - f) the location and setbacks of the septic tank, leaching bed and any pump chamber;
 - g) the loading area and 15m mantle;
 - h) location of wells or water supply including neighbours;
 - i) eavestrough discharge;
 - j) topographical features including slope and direction of flow.
2. Any proposal for the use of a Class 4 treatment unit, other than a septic tanks, will require a copy of the B.M.E.C. approval for that system, and once completed will require submission of "as built" drawings and the maintenance agreement.
3. If the applicant is not the owner of the property, or there is more than one property owner, the owner(s) must provide a letter appointing the applicant as an authorized agent.
4. The required fees must accompany the application in accordance with Building By-law No. 2014-30, Schedule A.

Note: Incomplete applications will not be accepted or reviewed and may be returned to the owner or applicant.

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: _____ (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 ²)		
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				
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.

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			
I _____ declare that (choose one as appropriate):			
(print name)			
<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: _____			
<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: _____			
<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: _____			
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 Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	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?			
<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)
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 ()	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:			
<p>I _____ 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><u>OR</u></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="text-align: center;">Date Signature of applicant</p>			



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Proposed Sewage System Design & Calculation Sheet

Owner's Name: _____ Project Address: _____

1. Sewage Flow

a) Number of bedrooms up to 5 bedrooms: _____ = _____ Litres (1)

b) Each bedroom over 5 bedrooms: _____ **ADD** x 500 = _____ Litres (2)
OR

c) Living Space: _____ m²
 Each 10 m² (or part of it) over 200 m² up to 400 m²: _____ x 100 = _____ Litres
 Each 10 m² (or part of it) over 400 m² up to 600 m²: _____ x 75 = _____ Litres
 Each 10 m² (or part of it) over 600 m²: _____ x 50 = _____ Litres Total: _____ Litres (3)
OR (whichever is the larger flow)

d) State the number of: Showers & Bathtubs Hand Wash Basins Laundry Units Toilets Kitchen Sinks * Water Treatment Units ***Note:** Do not drain water treatment devices into sewage system.

Total Fixture Units: _____
 Each Fixture Unit over 20: _____ x 50 = _____ Litres (4)

Total Sewage Flow: (Q) (Add 1 + 2 or 3 or 4) _____ Litres

2. Septic Tank Size

Residential Occupancy: _____ Sewage Flow: _____ x 2 = _____ Litres (Minimum - 3600) Litres

3. Absorption Trenches Bed Size

Length of Pipe = $\frac{\text{Sewage Flow} \times \text{Percolation Time}}{200}$

$L = \frac{QT}{200} = \frac{\quad \times \quad}{200} = \quad$ m. of trench = _____ runs of _____ metres
Rounded to: _____ m. of trench

4. Loading Rate for Fill-Based Absorption Trenches and Filter Beds

Percolation Time	Loading Rate (L/m ² /day)	Sewage Flow ÷ Loading Rate = m ² of Loading Rate Area
1-20	10	_____ ÷ _____ = _____ m ² of loading rate area
20-35	8	_____ ÷ _____ = _____ m ² of loading rate area
35-50	6	
> 50	4	

5. Filter Bed Size

Sewage Flow < 3000 Litres/Day: Sewage Flow ÷ 75 = m²
 _____ ÷ 75 = _____ m² of filter bed

Sewage Flow > 3000 Litres/Day: Sewage Flow ÷ 50 = m²
 _____ ÷ 50 = _____ m² of filter bed

6. Filter Bed Contact Area (Note: Contact area is to be no less than the filter bed size.)

Area = $\frac{\text{Sewage Flow} \times \text{Percolation Rate}}{850} = \text{m}^2 \text{ contact area}$ $A = \frac{\quad \times \quad}{850} = \quad \text{m}^2 \text{ contact area}$

7. Water Supply For Property Is:


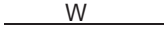
Existing Proposed
 Dug Well Surface Water Drilled Well Other: _____
 (Depth of steel casing _____ metres)

Note: We require the type and location of any well on neighbouring properties be provided on site plan as well.

Side View Profile of Sewage System

Please sketch a side view with measurements for the following:

1. Elevation above water table;
2. Elevation above bedrock or impermeable layer;
3. Stone and pipe or chambers;
4. Elevation of finished grade with respect to original grade;
5. Filter sand (if filter bed);
6. Contact area; and
7. Mantle (indicate whether it is a native or constructed 15 metre mantle).

SOIL CONDITION	
Depth (metres)	Soil Type
0	
0.5	
1.0	
1.5	
Show Rock Elevation	
Show Water Table	

This page is to be used for a side profile only. A separate site plan is required referenced to a copy of a survey.

Schedule "A" to Bylaw No. 2014-30 of the Municipality of Dysart et al

Classes of Permits and Fees

1. Permit Fees

Permit fees shall be calculated by the floor area of the proposed construction multiplied by the values as set out in Subsection 2 of this schedule.

Floor Area shall be the total area of all floor above grade measured to the outside face of the exterior walls.

2. Building Classifications

- | | | |
|----|--|------------------|
| a) | Buildings used for human habitation including:
Dwellings, bunkies, private cabins, multi residential
Or additions to above | \$.70 per sq ft |
| b) | Commercial and institutional buildings and additions
(office space, stores, restaurants, schools etc) | \$.80 per sq ft |
| c) | Industrial Buildings and additions | \$.70 per sq ft |
| d) | Accessory Buildings or additions Garages, sheds etc | \$.50 per sq ft |
| e) | New foundation under an existing building
Interior Finish of Basement
Renovations (area of renovation only)
Open Buildings-Covered Porches, Car Ports | \$.45 per sq ft |
| f) | Facilities of Municipal Housing Projects that have
entered into agreements with the City of Kawartha
Lakes, the Service Manager, under authority of
By-law Number 2006-262 and enacted by By-law
pursuant to Paragraph 18, Section 2 of the
Ontario Regulation 46/94, as amended. | Fees waived |

3. Miscellaneous Work

- | | | |
|----|---|----------|
| a) | Minimum Permit fee including:
Decks any size
HVAC (includes wood stoves)
Outdoor pools | \$100.00 |
| b) | Demolition Permit | \$100.00 |
| c) | Plumbing | \$100.00 |

4. Conditional Permit \$100.00 + applicable **Building Permit** fees

5. Partial Building Permit \$100.00 + applicable **Building Permit** fees for the complete project.

6. Change of Use \$100.00 + any applicable **Building Permit** Fees

7. Application for a Sewage System Classes 2, 3, 4, 5 \$875.00

8. Septic Permit Review \$250.00
For change of design requiring a Site Visit

**9. Septic for Addition / Renovation /
Change of Use or Septic Re-inspection** \$450.00

Schedule "A" to Bylaw No. 2014-30 of the Municipality of Dysart et al

Classes of Permits and Fees - Continued

10. Transfer of Permit \$100.00

11. Re-inspections

Including inspections for permits issued
more than 5 years ago & changes to plans
that requires written approval \$100.00

12. Refunds

Requests for refunds must be provided in writing from the applicant.
No refunds shall be made for a permit that has been revoked.
Any application that has not been processed 100% is refundable
Any application that has been reviewed for building & zoning compliance even if permit
has been issued 75% of fee is refundable
Permit issued and any inspections performed no refund