NORTH BAY-MATTAWA CONSERVATION AUTHORITY

APPLICATION

ON-SITE SEWAGE SYSTEM PERMIT

NOTE: The applicant, designer and installer of the sewage system retain full responsibility for knowing the requirements of the Ontario Building Code and ensuring that the sewage system is installed in accordance with the regulatory requirements.

This application is not to be faxed. Faxed applications will not be received by the North Bay – Mattawa Conservation Authority (NBMCA). Applications may be mailed or dropped off in person.

A guide to this application form is available from the North By – Mattawa Conservation Authority's offices in either North Bay or Parry Sound. The guide is also available online at www.nbmca.on.ca.

Correspondence to be mailed to:			
Contact name			
Mailing address			Postal code
Telephone	Cell phone	Fax Number	

Project Information			
Property Owner's name		Telephone	
Building number, street name		Unit no.	Postal code
Municipality	Lot/Conc.	Plan number/ other description	
Roll Number			

Directions to Lot

NBMCA Office Use Only	
Permit #:	
Receipt #:	
Date Received:	

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: **The North Bay-Mattawa Conservation Authority**

A. Project information

Building number, street name	Lot/Conc.	Plan	Sublot
Municipality: District	Township	Other description	
Project value est. $	Area of work (m^2)		
Municipal Zoning	Assessment Roll #		

B. 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	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

C. 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 ( )	

D. 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 ( )	

E. 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

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G. ☐ Yes ☐ No

ii. Is registration required under the *Ontario New Home Warranties Plan Act*? ☐ Yes ☐ No

iii. If yes to (ii) provide registration number(s): _____

G. Attachments

i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.

ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.

iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

H. Declaration of applicant

I _____ certify 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. I have authority to bind the corporation or partnership (if applicable).

_____ _____
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/Conc.
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]

☐ 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 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. 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 authority to bind the corporation or partnership (if applicable).

_____ _____
Date Signature of Designer

*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

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 2.18.1.1?

- ❑ 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 ( )	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. The installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;
- ❑ I am the installer for the permit to construct the sewage system,

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. I have authority to bind the corporation or partnership (if applicable).

_____ _____
Date Signature of applicant

Schedule 3A: Site Evaluation Form

Date: _____

TEST PIT – Sub-surface conditions encountered

		Applicant's Use		Inspector's Use	
Indicate depth of B.R. &/or G.W.T. where present in row below	Depth (m)	Soil Type	T-time	Soil Type	T-time
	-0-				
	-0.25-				
	-0.50-				
	-0.75-				
	-1.00-				
	-1.25-				
	-1.50-				
	>1.50m				

Legend:	
G.W.T	Ground Water Table
B.R.	Bedrock or impervious soil

Existing Soil "T-time": _____ min/cm

Sewage System Design "T-time": _____ min/cm

Water Supply (Proposed or Existing): check appropriate box			
❑ Municipal	❑ Well (drilled)	❑ Well (Other)	❑ Other (specify): _____

Inspector's Report:

Date of Inspection:	Suitable for in-ground installation: Yes No Partial
Time of Inspection:	MLA Existing: Yes No
Weather:	Proposed height of raised bed (m):
Person in Attendance:	Type of raised system (circle appropriate bullet): • Cut & Fill • 3 Sides Open • Fill Based
Topography:	
Watercourses on Lot: Yes No If Yes, Specify:	Setback Distances Adhered to: Yes No
System Design T-time:	Inspected & Recommended by:
Percolation Test conducted: Yes No	S.S.I.

Schedule 3B: Design Criteria

Fixture Count Sheet

Description	# Existing	+	# New (Proposed)	=	Total	X	Fixture Unit	=	COUNT	Office Use
Example only: Sink	*0*	+	*1*	=	*1*	X	*1.5*	=	*1.5*	
Bath Groups (toilet, sink, tub/shower)		+		=		X	6	=		
Sinks/Wash Basins		+		=		X	1.5	=		
Bathtub/Showers		+		=		X	1.5	=		
Flush Toilets		+		=		X	4	=		
Dishwasher		+		=		X	1.5	=		
Washing Machine		+		=		X	1.5	=		
Laundry Tub		+		=		X	1.5	=		
Other		+		=		X		=		
Total Fixture Units (Addition of fixture count column)								=		

Design Flow Calculation Sheet

Residential Occupancy		**Number**	**Volume (litres)**	**Flows**
Bedroom Flow (A)	1 Bedroom Dwelling		750	
	2 Bedroom Dwelling		1100	
	3 Bedroom Dwelling		1600	
	4 Bedroom Dwelling		2000	
	5 Bedroom Dwelling		2500	
Extra Bedroom Flow (B)	Each Bedroom over 5,		500	
Living Area (1) Flow (C)	Each 10 m^2 (or part thereof) over 200 m^2 up to 400 m^2, and		100	
	Each 10 m^2 (or part thereof) over 400 m^2 up to 600 m^2 ,and		75	
	Each 10 m^2 (or part thereof) over 600 m^2 or		50	
Fixture Count Flow (D)	Each Fixture (or part thereof) over 20 fixture units, or		50	

(1) Total finished area; excluding the area of the finished basement.

Design Flow Calculation "Q"

Bedrooms _____	Fixture Units _____	Living Area _____ m^2
Daily Design Sewage Flow (Q): _____ litres/day A+ (B or C or D)		

Design Daily Sewage Flow (Q) = (A) Bedroom flow + ((B) extra bedroom flow or (C) living area flow or (D) fixture flow) (whichever is greater)

Schedule 3C: Proposal to Construct Sewage System

For additional information on the classes of sewage systems, please refer to the NBMCA's Application Guide

Class 2: Grey Water Pit (Q cannot exceed 1000 L/day)

Type of Class 1 To Be Used:	❑ Privy	❑ Composting	❑ Chemical	❑ Other: _____
Wall Structure:	❑ Cement block	❑ Rock	❑ Wood	❑ Other: _____

Side Wall Area (m^2):	Length (metres):	Width (metres):	Depth (metres):	Type of Cover:

Class 3: Cesspool Sewage System

Class 1 System used: _____

Description of Class 3: _____

_____

_____

_____

_____

_____

_____

_____

_____

Class 5: Holding Tank (Requirements: Audio / Visual Alarm & 3" Venting)
Note: Pre-consultation with the NBMCA is required prior to proceeding with this option.

Proposed Working Capacity:	_____ L (min. 9000L required)
❑ NBMCA Pre-Consultation completed	❑ Pump Out Contract completed
NBMCA staff contact name:	

Schedule 3D: Proposal to Construct a Class 4 Sewage System

Septic Tank

❑ New CSA Standard	❑ Existing	❑ Tank Replacement Only

Residential Occupancy Proposed Working Capacity: _____ Litres	**Non Residential Occupancy** Proposed Working Capacity: _____ Litres

Other Treatment Unit

Make / Model (specify): _____	BMEC#: _____

Trench Bed

❑ New	❑ Existing	❑ Bed Replacement Only

T-Time (min/cm) _____	❑ Pump Required

Proposal:	Trench Bed Length: _____ meters	Raised Height of Bed: _____ meters

Filter Bed

❑ New	❑ Existing	❑ Bed Replacement Only

T-Time (min/cm) _____	❑ Pump Required

Proposal:	Number of Beds: _____	Filter Bed Area: _____ meters^2
	Contact Area: _____ meters^2	Raised Height of Bed: _____ meters

Area Bed

❑ New	❑ Existing	❑ Bed Replacement Only

T-Time (min/cm) _____	❑ Pump Required

Proposal:	Stone Area: _____ meters^2	Sand Area: _____ meters^2
	Raised Height of Bed: _____ meters	

Shallow Buried Trench Bed

❑ New	❑ Existing	❑ Bed Replacement Only

T-Time (min/cm) _____	❑ Pump Required

Proposal:	Shallow Buried Trench Length: _____ meters	Raised Height of Bed: _____ meters

Class 4 Mantle Loading Area Requirements *(Required for ALL Class 4 sewage systems)*

❑ Native Mantle	❑ Imported Mantle	15 meters in how many directions? _____	Loading Area: _____ meters^2

Chambers

Type: _____	Model: _____	BMEC# _____

Drawing Requirements *(Required for ALL sewage systems)*

❑ Two copies of Site Plan (Sched. 3E) submitted	❑ Two copies of Cross-sectional diagram (Sched. 3F) submitted

Schedule 3E: Site Plan

N

Site Plan Drawing: Two (2) Copies Required

1. Property owners name and property address (civic);
2. Lot size, property dimensions, roads, existing rights-of-way, easements, or municipal/utility corridors;
3. Show and identify neighboring properties, including wells on adjacent properties (document if any at all);
4. Show the location and size of all proposed and existing sewage system components (tanks, pump chambers, alarms, distribution bed) and the location of test pits;
5. Show the distances between pipes, bed to structures, and tank to structures;
6. Show the direction of water flow (surface);
7. Indicate directions of North on the site plan;
8. Show the distances from the proposed sewage system components to all property lines, easements, rights-of-way, driveways, structures, and wells;
9. Show any surface water (creek, pond, lake) on or adjacent to the property and provide the common name;
10. Indicate distances to all utilities, and;
11. The location and voltage of hydro-electric transmission lines (above and below ground).

Schedule 3F: Site Plan (Cross Section)

Cross Sectional Drawing: Two (2) Copies Required

1. Property owners name and property address (civic);
2. Depth of topsoil;
3. Depth of crushed stone;
4. Depth of filter medium used;
5. Depth of contact area required;
6. Depth to bedrock/groundwater table;
7. Depth to Hardpan/Soils T-time >15min/cm;
8. Height above/below existing grade of ground surface; and
9. Show Side slopes of bed/mantle.

Note: Attach a drawing on a separate sheet of paper if needed and write "see attached" on this form.

Schedule 4A: Declaration of Applicable Law

List of Applicable Law	
Check all applicable law as set out in Article Div.A 1.4.1.3 of the Building Code and attach documents establishing compliance with each such law. You can access all laws at the Ontario e-Laws website: www.e-laws.gov.on.ca	
	Section 5 of the *Charitable Institutions Act*
	Section 5 of Regulation 262 made under the *Day Nursery Act*
	Section 194 of the *Education Act*
	Section 6 of Regulation 314 made under the *Elderly Persons Centres Act*
	Section 5 of the *Environmental Assessment Act*
	Section 9 of the *Environmental Protection Act*
	Section 46 of the *Environmental Protection Act*
	Section 168.3.1 of the *Environmental Protection Act*
	Paragraph 2 of Section 168.6(1) of the *Environmental Protection Act*
	Section 9 of Regulation 469 made under the *Funeral Directors and Establishments Act*
	Section 14 of the *Homes for the Aged and Rest Homes Act*
	Section 14 of the *Milk Act*
	Section 4 of Regulation 832 made under the *Nursing Homes Act*
	Section 11.1 of Ontario Regulation 267/03 (General) made under the *Nutrient Management Act, 2002*
	Section 33 of the *Ontario Heritage Act*
	Section 34 of the *Ontario Heritage Act*
	Section 42 of the *Ontario Heritage Act*
	Section 41 of the *Planning Act*
	Section 22 of the *Private Hospitals Act*
	Section 4 of the *Public Hospitals Act*
	Section 2 of Ontario Regulation 453/96 made under the *Public Lands Act*
	Section 34 or 38 of the *Public Transportation and Highway Improvement Act*
	Sections 28 and 53 of the *Development Charges Act*
	Sections 257.83 and 257.93 of the *Education Act*
	Subsection 5(4) of the *Environmental Assessment Act*
	Subsection 133(4) of the *Municipal Act, 2001*
	Subsection 24(3) of the *Niagara Escarpment Planning and Development Act*
	Subsections 4(3) and (5) of Regulation 832 made under the *Nursing Homes Act*
	Section 30 of the *Ontario Heritage Act*
	Section 46 of the *Planning Act*
	Section 33 of the *Planning Act*
	Subsection 22(1) of the *Private Hospitals Act*
	Regulations made under Clause 28(1)(c) of the *Conservation Authorities Act*
	By-Laws made under Section 34 or 38 of the Planning Act or Section 3 of Ontario Regulation 246/01 made under that Act
	Orders made under Section 47 of the *Planning Act* or subsection 17(1) of the *Ontario Planning and Development Act, 1994*
	By-Laws made under any private Act that prohibit the proposed construction or demolition of the building

Declaration of Applicant/Agent

I _____ agree to comply with the provisions of all applicable law as outlined in 1.1.3.3 of the Building Code. I understand that it is my responsibility to ensure that the information provided is true and accurate and that the North Bay-Mattawa Conservation Authority will not be held responsible for incorrect information provided to it by an applicant/agent.

_____ _____

Date Signature of Property Owner/Agent

Schedule 4B: Acknowledgement by Applicant of Incomplete Application

Required to be filled out if the NBMCA Inspector is picking up the application on-site.

Project information			
Address		Unit number	Lot/con
Municipality	Postal code	Plan number/other description	
Application Number	Property Roll Number		

Applicant	Applicant is: ☐ Owner ☐ 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 ( )	

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 ( )	

Declaration of applicant

I _____ acknowledge that my application does not meet the requirements
(print name)

of 2.4.1.1B(5) of the Building Code and therefore is not entitled to the time periods prescribed in Column 3 of Table 2.4.1.1B of the Building Code.

Notwithstanding the above, I wish to have the application accepted for processing and understand that a permit cannot be issued until all the information is submitted and reviewed for compliance.

_____ _____
Date Signature of applicant

Schedule 5: 2009 Fee Schedule

On-Site Sewage System Program

Sewage System Permit Class/Fees (OBC)		
Class 2 or 3 - (leaching pit/cesspool)		$ 400.00
Class 4 / 5	Residential..... daily design sewage flow less than 3000 L/day	$675.00
	Residential.....daily design sewage flow greater than 3000 L/day	$800.00
Class 4 A	Non Residential..... Commercial/industrial use	$800.00
Class 4 Bed Replacement		$675.00
Class 4 Tank Replacement		$300.00
Septic System Decommissioning /Demolition		$100.00
Change of Owner / Transfer of Permit		$80.00
Permit Extension (per year, maximum three years)		$100.00
Amendment of Permit (other than owner)		$100.00
Seasonal Temporary Permit		$100.00
Additional Inspection due to deficiencies		$100.00
Review of Applications Retroactive to Project Commencement		25% of permit
Lot Assessment Inspection Report (OBC Support)		
Copy of Permit on file		$50.00
Legal / Real Estate Inquiry Search & Response		$100.00
Ontario Building Code Clearance		$50.00
Sewage System File Review		$100.00
Land Use Planning	> 10 Acres	$80.00 / lot
	< 10 Acres	$175.00 / lot
Existing Lot, Site Inspection (ie. Real Estate)	Septic Only	$200.00
	Septic & Fill Reg.	$300.00
Septic System Re-Inspection (group rates available)		$275.00

Refund Policy

In case of withdrawal of an application or abandonment of all or a portion of the work or the non commencement of any project, the D.S.S.I. / D.D.S.S.I. shall determine the amount of paid permit fees that may be refunded to the applicant, if any, in accordance with this section:

Status of Permit Application:	**% of Fee eligible for refund**
Application Filed: No Inspection Conducted	75%
Application Filed: First Inspection, Permit Not Issued	50%

NO REFUND for fees of $150.00 or less. NO REFUND once the permit is issued.
Effective Date of Fee Schedule – March 1, 2009.

LETTER OF AUTHORIZATION

AUTHORIZATION FOR AN APPLICATION FOR A BUILDING PERMIT BY A PERSON OTHER THAN THE LEGAL OWNER

I _____, being the legal owner of property described as

Lot _____, Concession _____, in the

District of _____, Township of _____,

Plan # _____, Parcel # _____, located at

Civic address _____, and having a

Tax Assessment Roll # _____,

authorize_____, to submit an application to the North Bay-Mattawa Conservation Authority for a building permit to authorize the construction of an on-site sewage system at the above noted property.

_____

Signature of Legal Owner

_____

Date Signed