THE TOWNSHIP OF MONTAGUE
COUNTRY LIVING AT ITS BEST

Amount of Fee Paid:_____ Cheque No.:_____

Receipt No.:_____ Date:_____

FILE NO.: _____

☐ **Sewage Application**
☐ **Site Inspection Application**

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 (shaded areas only)	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: **Township of Montague**

A. Project information

Building number, street name		Unit number	Lot / Con.
Municipality or Township	Postal code	Plan number	Sublot or Part Lot #:
Project value est. $		Area of work (m^2)	

B. Applicant

Applicant is: ☐ Owner or ☐ Authorized agent of owner

Last name	First name	Corporation or partnership	
Street/Mailing address		Unit number	
Town/City	Postal code	Province	E-mail
Telephone number ( )	Fax ( )		Cell number ( )

C. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Mailing Address		Unit number	
Town/City	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	
Town/City	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. 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 _____ 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. 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.

Directions to your lot:

Personal information contained on this form is collected under the authority of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions concerning the collection of this information should be directed to the Clerk for the Township of Montague at 613-283-7478 x 210.

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/Township	Postal code	Plan number/ other description	

B. Individual who reviews and takes responsibility for design activities

Name		Firm	
Street address		Unit no.	Lot/con.
Town/City	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 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 work and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. 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) d). 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 authorization, 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.

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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?

- ☐ 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 _____ (print name) declare that:

- ☐ 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

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Permit #:

SEWAGE SYSTEM DESIGN CRITERIA

State # Of:	Bedrooms/Units Sleeping Cabins	People	Floor * Area(m2)	Fixture Units
Proposed				
Existing (if applicable)				
TOTAL				

Water Supply
☐ Proposed ☐ Existing
☐ Dug or Bored Well
☐ Drilled Well Casing Depth: _____
☐ Water Treatment Units
☐ Other: _____

***Walk-out basement?**
☐ yes ☐ no
If yes, finished floor area of house includes 50% of floor space of walk-out basement.

FIXTURE UNIT COUNT (Please complete the following table:)

Description of Fixtures	Total #	X (multiply)	Fixture Units	Total
Bathroom group (3 or 4 piece bathroom)		X	6	
Water Closet (tank toilet)		X	4	
Each sink		X	1 ½	
Bathtub or shower		X	1 ½	
Dishwasher		X	1	
Clothes washing machine		X	1 ½	
Single or double laundry tub		X	1 ½	
Other		X		
TOTAL				

Subsurface Soil Condition - To Be completed by Owner/Agent/Designer

Three test locations are required. Depth in meters to bedrock, water table and description of soil type are to be shown for each soil profile.

0.3 -		0.3 -	0.3 -
0.6 -		0.6 -	0.6 -
0.9 -		0.9 -	0.9 -
1.2 -		1.2 -	1.2 -
1.5 -		1.5 -	1.5 -

DESIGN PERCOLATION RATE _____.min/cm ☐ Native Soil ☐ Imported

The percolation rate shall be determined by either percolation tests (using the highest percolation time from the three tests) or by classifying the soil according to the Unified Soil Classification System.

Leaching Bed Profile	Leaching Bed Design Calculations
Water table/Bedrock/Impervious Soil	

Working capacity of septic/holding tank (Litres)	Tertiary Treatment if Applicable	Length of distribution pipe (Metres)

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Permit #:

SITE PLAN

Provide the following information:

a) Location of sewage system components (eg. tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.

b) Lot dimensions, topographic features (e.g. swamps, steep slopes) near system.

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P. O. Box 755, 6547 Roger Stevens Drive, Smiths Falls, Ontario, K7A 4W6
Phone: 613-283-7478 / Fax: 613-283-3112
www.montaguetownship.ca

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

I, _____, being the legal owner of the subject property described as Lot _____, Concession _____, Township of Montague, authorize _____ whose mailing address and phone number is _____ to apply for a Sewage System Permit and the associated site inspection on my behalf.

_____
Signature of Legal Owner

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AREA BED METHOD

Septic Permit # _____
Date _____
Revision _____
Applicant _____
Municipality _____
Scarification required Yes ☐ No ☐

_____
DATE

PLAN

Is mantle required:
Yes ☐
No ☐
If Yes, in what direction _____

EVENLY SPACED TILE RUNS
FOOTER (Pumped systems)
_____ RUNS at
_____ METRES EACH at
_____ METRE CENTRES (1.2m max)
HEADER

STONE LAYER = _____m^2

SAND LAYER = _____m^2

NOT TO SCALE

PROFILE

Sand Mantle
15m(min)

Permeable fill
stabilized against erosion

FINISHED GRADE

Geotextile

(0.3m recommended)

0.3m(75 or 100mm pipe)

CLEAR STONE

0.25m(Pressurized)

SAND T=6-10

.25m(min) or

250mm (min) MANTLE (if required)

m Toe of mantle

Is clay seal required Yes ☐ 0.1m No ☐ (min)

0.6m to HGWT where native T<6

WATERTABLE BEDROCK IMPERVIOUS SOIL

SCARIFICATION REQUIRED

PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE

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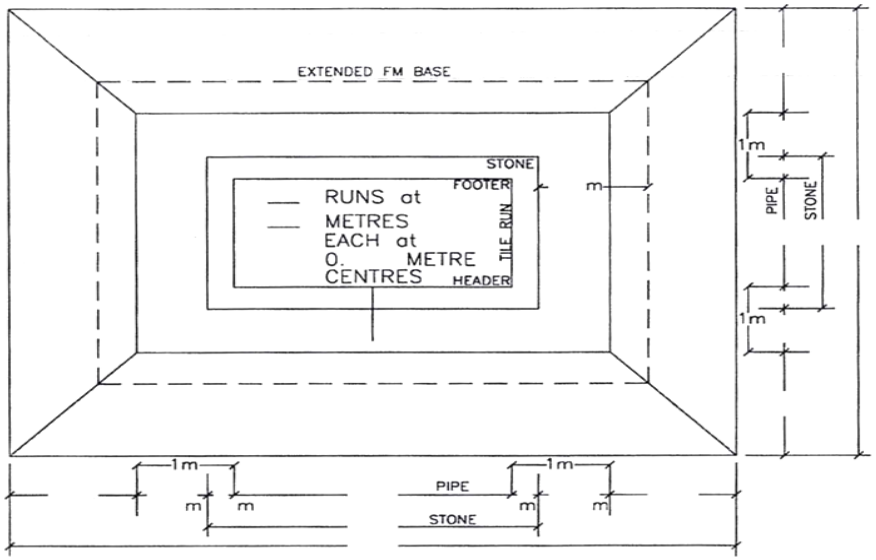
FILTER MEDIA METHOD

Septic Permit # _____
Date _____
Revision _____
Applicant _____
Municipality _____
Scarification required Yes ☐ No ☐

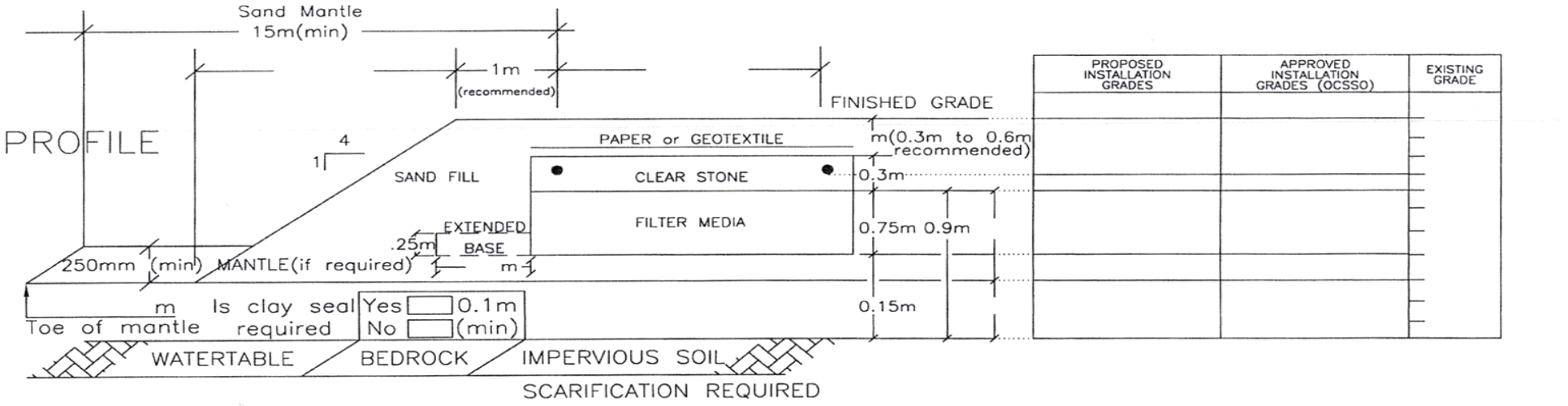
_____
DATE

PLAN

Is mantle required:
Yes ☐
No ☐
If Yes, in what direction _____



NOT TO SCALE



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OPEN BOTTOM BIO-FILTER METHOD

Septic Permit # _____
Date _____
Revision _____
Applicant _____
Municipality _____
Scarification required Yes ☐ No ☐

_____
DATE

NOT TO SCALE

PLAN
Is mantle required:
Yes ☐
No ☐
If Yes, in what direction _____

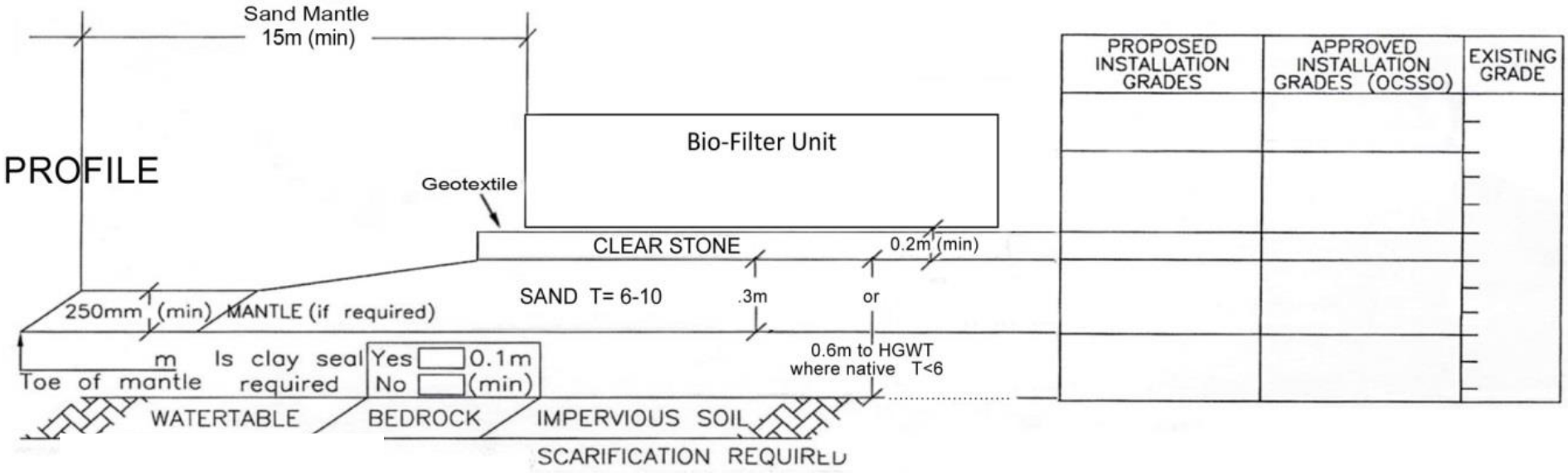
Bio-Filter Type: _____

Model: _____

STONE LAYER = _____ m^2

SAND LAYER = _____ m^2

PROFILE



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE

THE TOWNSHIP OF
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ABSORPTION TRENCH METHOD

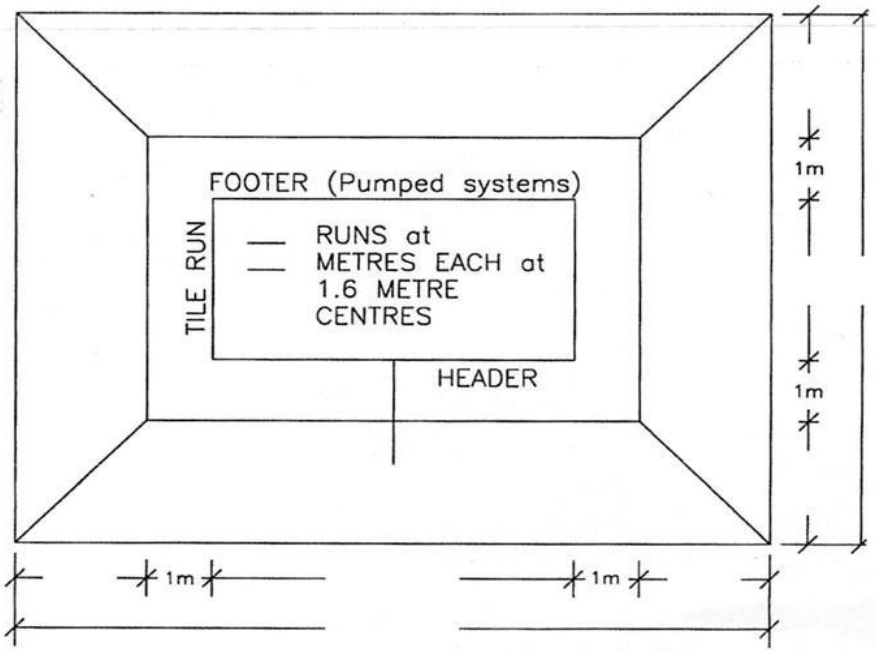
Septic Permit # _____
Date _____
Revision _____
Applicant _____
Municipality _____
Scarification required Yes ☐ No ☐

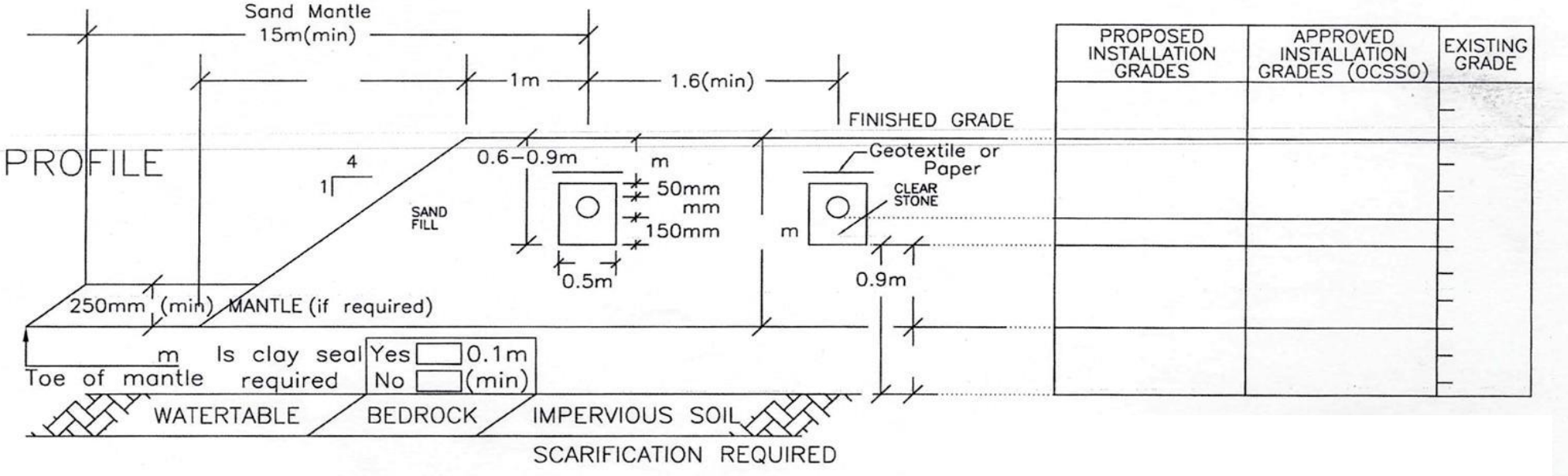
_____
DATE

NOT TO SCALE

PLAN

Is mantle required:
Yes ☐
No ☐
If Yes, in what direction _____





PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE