



**Community & Development  
Services Department**  
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**APPLICATION FOR SEWAGE SYSTEM BUILDING PERMIT**

| **Fee Paid:** **Receipt #**

|                             |  |   |
|-----------------------------|--|---|
| <b>Date:</b>                | <b>New Construction €</b><br><b>Repair € Change of Use €</b> | <b>Permit #</b>   |
| <b>Civic Address:</b> _____ |  |   |
| <b>(Project Location)</b>   | <b>Lot #</b>   | <b>Concession #</b>   |
| <b>Owner/Applicant:</b>     | <b>Address:</b>  | <b>Phone Number</b>   |
| <b>Installer Name;</b>      | <b>Address:</b>  | <b>Phone Number</b><br><b>License #</b><br><b>Date of License</b> |
| <b>System Designer:</b>     | <b>Address:</b>  | <b>Phone Number</b>   |

**Owner's signature acknowledging that the designer shall supervise installation:**

\_\_\_\_\_

**DECLARATION**

I certify that the above information is complete and correct and that the work will conform with the provincial requirements for sewage systems and municipal by-laws. I acknowledge that in the event a permit is issued, any changes from the plans, specifications or building locations proposed in the above application is prohibited and such could result in the permit being revoked. I further acknowledge that in the event the permit is revoked for any cause or irregularity or non-conformity with by-laws or requirements of The Building Code Act, or regulations made thereunder, there shall be no right of claim whatsoever against the municipal corporation or any official thereof any such claim is hereby expressly waived.

Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information on this form is collected under the authority of the Building Code Act and will be used to establish to identity of property ownership for communication purposes. Question regarding the collection should be directed to **County of Brant c/o Director of Planning and Building.**

| <b>BUILDING CRITERIA</b>  |  |                                    |  |
|---|--|------------------------------------|--|
| <b>State Number of:</b>   |  |                                    |  |
| <b>Bedrooms:</b>  | <b>People:</b>   | <b>Toilets:</b>                    |  |
| <b>Urinals:</b>   | <b>Washbasins:</b>   | <b>Bathtub or shower:</b>          |  |
| <b>Whirlpool or Spa:</b>  | <b>Garbage Grinder:</b>  | <b>Laundry Tub:</b>                |  |
| <b>Kitchen Sink:</b>  | <b>Water Softener:</b>   | <b>Dishwasher:</b>                 |  |
| <b>Total Floor Area M2</b><br>(Total finished area, excluding the area of the finished basement.)     |  | <b>Total No. of Fixture Units:</b> |  |
| <b>Water Supply: Municipal ù Dug Well ù Drilled Well ù Shallow Point Well ù</b><br><b>Other _____</b> |  |                                    |  |
| <b>Type of Native Soil:</b>   | <b>Percolation Rate "T" Time:</b><br>____min/cm<br><b>or cu:</b> | <b>Depth to Water Saturation</b>   | <b>Slope of land in Leaching bed area:</b><br>_____ cm/m |

| <b>SEWAGE SYSTEM</b>  |                        |  |
|---|------------------------|--|
| <b>Class of System:</b>   | <b>Type of System:</b> | <b>Size Of Septic Tank: _____ litres</b><br><b>Septic Tank Made of _____</b><br><b>Daily sewage flow: _____ litres</b> |
| <b>Type of Leaching Bed: Trenched ù Raised ù _____ Size _____ M</b><br><b>Filter ù Size _____ sq.m.</b>   |                        |  |
| <b>Dosing Pump required: Yes ù No ù If YES, dosing capacity _____</b><br><b><u>In all cases where 150M (500') of tile is required, a pump shall be installed.</u></b><br><b>Sewage System is to be installed according to the plans submitted with the application to obtain this permit. Any alterations to this plan cannot be made without first receiving written permission from the sewage system inspector or the Chief Building Official.</b> |                        |  |

Lot description and Sewage System Plan

**See Engineered Plan attached**

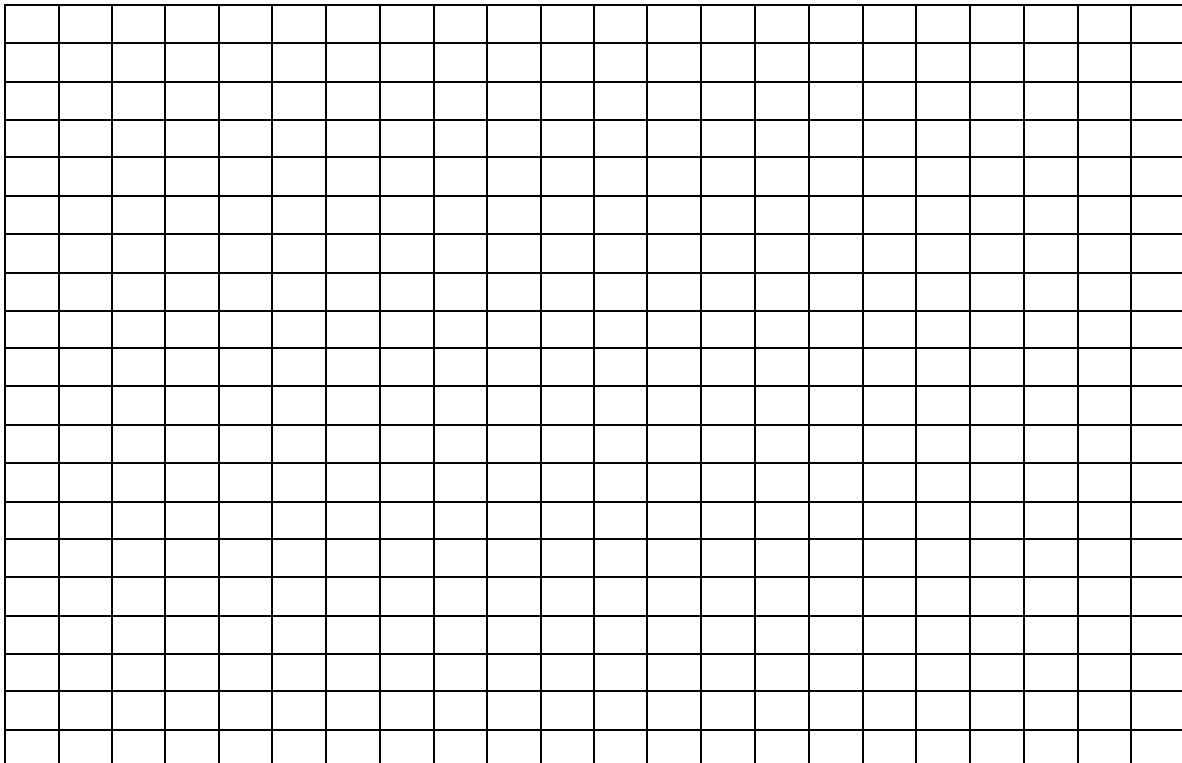
**See Plan attached or below**

Include the following on a scale or proportional drawing:

1. Outline of property with all dimensions. On large parcels include the area around building site only.
2. Locations and dimensions of proposed and existing buildings, Swimming pools, lakes, rivers, areas subject to flooding and pertinent topographical features (swamps, steep slopes, etc.)
3. Details of proposed sewage system including size, design and location of tank and leaching bed components. Include "Site Plan" if contained in the original agreement or if registered on title.
4. Location and type of all existing and proposed water supplies Including neighbouring supplies.

**SITE PLANS MUST BE LEGIBLE AND DRAWN TO SCALE TO AVOID DELAYS**

A test hole to a depth of 1.8m in the bed area must be available for the inspector to view.  
State the date test hole will be ready. \_\_\_\_\_.



**FOR OFFICE USE ONLY**

|   |                  |
|---|------------------|
| <b>SITE INSPECTION REPORT</b><br><br><b>Inspection Date:</b> _____<br><br><b>Inspected by</b> _____ | <b>COMMENTS:</b> |
|---|------------------|

**\*\*\*\*As-built\*\*\*\*Drawing**

