

Sewage system permits are required to ensure properly functioning sewage systems are installed and meet the minimum requirements of the Ontario Building Code

Required approvals from other agencies:

In many instances before a building permit application can be processed and a permit issued, there are other approvals from other agencies that are required. These approvals are not administered by the Building Division. Please ensure all required approvals are complete using the applicable law checklist prior to applying for a building permit. These approvals are required as part of a complete building permit application package.

The following items are required for a new sewage system permit. This checklist has been developed for conveniences purposes only. The property owner is responsible for ensuring compliance with all County of Brant By-laws, other applicable laws and the Ontario Building Code.

- Permit applications to be filled out and signed.
- Authorization form (if applicable)
- Schedule 1 – Designer Information form
- Schedule 2 – Sewage System Installer Information Form
- County of Brant septic system design sheet
- Soils evaluation including:
 - Soil investigation including depth to zones of soil saturation, soil properties and permeability
 - Completed by a professional engineer
 - Date evaluation completed
- Septic system design and layout
 - A site plan showing the location of the proposed septic system with setbacks, and location of soil samples taken
 - Illustrate the size and location of the septic tank and/or pump chamber
 - Location of the tile bed, indicating the length, spacing and number of tile runs and the dimensions of the extended contact area
 - Provide dimensions from the tanks and the tile runs to adjacent buildings, property lines, wells and water courses
 - Provide a cross section of the leaching bed

The Ontario Building Code requires proposed treatment unit installations other than a septic tank provide a copy of the service and maintenance agreement between the owner and authorized service provider.



Sewage System New / Replacement

Next steps:

- Submit the complete permit application and supporting documents to the Building Division either electronically by emailing building@brant.ca or hard copies can be dropped off at the Pairs Customer Service Office
- The application is reviewed for completeness, compliance with the zoning by-law, applicable laws, and the Ontario Building Code. Application review comments are provided during review to identify any outstanding requirements and to summarize permit fees.
- The permit is issued when all review is complete, and all fees are paid.
- Once the permit is issued, construction begins, and inspections are scheduled. Building inspectors review major phases of construction until occupancy and/or final is complete.

Need help? If you have any questions, please feel free to contact us at any time and we will assist you through the process! Telephone 519.44BRANT or email us at building@brant.ca

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.



Permit Applicant Authorization

This form must be completed for all building permit applications where the applicant is the Owner's Agent

A. Project Information			
Property Address		Unit number	Lot/con.
Municipality County of Brant	Postal Code		
B. Property Owner(s)			
Last name	First name	Corporation or partnership	
Street address		Unit number	
Municipality	Postal code	Province	E-mail
Telephone number		Cell number	
C. Party to be Authorized			
Last name	First name	Corporation or partnership	
Street address		Unit number	
Municipality	Postal code	Province	E-mail
Telephone number		Cell number	
D. Declaration of Property Owner(s)			
<p>I _____, hereby Name of Property Owner(s) (please print)</p> <p>authorize and appoint the party stated in Section C of this form as my agent for the purposes of the submitted permit application. I understand that all communications and correspondence regarding this application shall be directed to the applicant.</p> <p>_____ Date _____ Signature of Property Owner(s)</p>			

Note:

1. The Ontario Building Code states that "owner includes, in respect of the property on which the construction or demolition will take place, the registered owner, a lessee or mortgagee in possession".

Personal information contained in this form 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*.

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):</p> <p style="text-align: center;">(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.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">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.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">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.</p> <p style="margin-left: 40px;">Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> 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. <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">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) 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.

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: (print name)</p> <p>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>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> <ol style="list-style-type: none"> 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. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			



Sewage System Design Residential

Location: _____

Owner: _____

Building Criteria:

Item	# of	Fix Units	Total Flow (L)
Total Floor Area (Includes 50% of walkout basement)			
Bedrooms			
Bathroom Groups		6	
Water Closets		4	
Urinals		1.5	
Laundry Tubs		1.5	
Kitchen Sinks		1.5	
Bathtubs/Showers		1.5	
Pantry/Bar Sink		1.5	
Dishwasher		1	
Floor Drain		3	
Other			
Grand Total			

Sewage System Class 1 2 3 4 5

Type of Dispersal Bed A B N/A

Name of Tertiary Treatment Unit _____



Sewage System Design Residential

Maintenance Agreement (if required) Yes No

Daily Design Flow (Litres) _____

T-Time of Soil (Provide Report) _____

Water Supply Municipal Private

Distance from Well(s) _____

Size of Septic Tank (Litres) _____

Size of Pump Chamber (Litres) _____

Contact Area m² _____

Size of Distribution Pipe _____

Leaching Field	Type	Raised	Size (m ²)
	Trench		
	Filter Bed		
	Area Bed		
	Shallow Buried		
	Infiltrators		

Note: Site Plan and Septic design drawings must be attached with this form.