

Sewage System - Repairs/Alterations and/or New Septic Bed Only

Sewage system repair or alteration 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 sewage system repair 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 (new septic bed only)

- 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.



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Next steps:

- Submit the complete permit application and supporting documents to the Building
 Division either electronically by emailing <u>building@brant.ca</u> 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, lot grading approval and 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 Author	rity							
Application number:			Permit r	Permit number (if different):				
Date received:	Date received:			Roll number:				
	Name of municipalit	ty, upper-tier m	unicipality, bo	ard of health or con	nservation	n authority)		
A. Project information								
Building number, street name						Unit number	Lot/con.	
Municipality		Postal code)	Plan number/otl		description		
Project value est. \$				Area of work (m	n²)			
B. Purpose of application								
New construction	Addition to an Alteration/rep			•	[Demolition	Conditional Permit	
Proposed use of building	Current use o		urrent use of	of building				
Description of proposed work								
C. Applicant	Applicant is:	Owner	or Au	uthorized agent of				
Last name		First name		Corporation or p	partners	hip		
Street address						Unit number	Lot/con.	
Municipality		Postal code		Province		E-mail		
Telephone number		Fax				Cell number		
D. Owner (if different fron	n applicant)							
Last name	,,	First name		Corporation or p	partners	hip		
Street address		1				Unit number	Lot/con.	
Municipality		Postal code)	Province		E-mail	•	
Telephone number		Fax				Cell number		

E. Builder (optional)					
Last name	First name	Corporation or partners	hip (if applicable)		
Street address			Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail		
	1				
Telephone number	Fax		Cell number		
F. Tarion Warranty Corporation (Ontario					
 i. Is proposed construction for a new hom Plan Act? If no, go to section G. 	e as defined in the C	Intario New Home Warranties	Ye:	s No	
ii. Is registration required under the Ontari	o New Home Warrar	nties Plan Act?	Yes	s No	
			L		
iii. If yes to (ii) provide registration number	(s):				
G. Required Schedules					
i) Attach Schedule 1 for each individual who rev	iews and takes response	onsibility for design activities.			
ii) Attach Schedule 2 where application is to cons	struct on-site, install	or repair a sewage system.			
H. Completeness and compliance with a	pplicable 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.					
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</i> , 1992.				s No	
iii) This application is accompanied by the information and documents prescribed by the applicable by-				s No	
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.					
iv) The proposed building, construction or demolition will not contravene any applicable law. Yes				s No	
I. Declaration of applicant					
••					
I			de	clare that:	
(print name)					
1 The information contained in this applie	ation attached ashay	dulas attached plans and an	acifications and ath	or attached	
 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 partners		rity to bind the corporation or	partnership.		
Date	Signature	e 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 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 C1** HVAC - House **Building Structural** House Small Buildings **Building Services** Plumbing - House Large Buildings Detection, Lighting and Power Plumbing - All Buildings Complex Buildings On-site Sewage Systems Fire Protection Description of designer's work **Declaration of Designer** 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 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: 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.

NOTE:

Date

- 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.
- 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.

Signature of Designer

Schedule 2: Sewage System Installer Information

A. Project Information						
Building number, street name		Unit number	Lot/con.			
Municipality	Postal code	Plan number/ other descr	ption			
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 informatio	n (where answ	er to B is "Yes")	•••	,		
Name	ii (Wilere allow		BCIN			
Street address			Unit number	Lot/con.		
Sileet address			Offichamber	LOI/COIT.		
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. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;						
<u>OR</u>						
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:						
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						



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 nu	mber	Lot/con.
Municipality County of Brant	Postal Code					
B. Property Owner(s)						
Last name	First name	Corp	rporation	or partr	nership	
Street address		•			Unit number	
Municipality	Postal code	Postal code Provinc		nce E-mail		
Telephone number		Cell number	r	1		
C. Party to be Authorized						
Last name	First name Corpora		poration	poration or partnership		
Street address					Unit number	
Municipality	Postal code	Prov	vince		E-mail	
Telephone number		Cell number	r			
D. Declaration of Property Owner(s)						
I						, hereby
	Name of Property Owner	r(s) (please prir	nt)			
authorize and appoint the party st application. I understand that all capplicant.						
Date	Signature of Property Owner(s)					

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".

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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	□в	□ N/A				
Name of Teriary 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	Туре	Raised	Size (m²)
	Trench		
	Filter Bed		
	Area Bed		
	Shallow Buried		
	Infiltrators		

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