



OFFICE USE ONLY	Application #
Name:	Date Submitted:
Fee #:	Fee \$:
Renewal Date:	Entered:
Reference # to any previous application:	

Application for Review of Performance Level of Existing On-Site Sewage System

1. Owner (mailing address)																																																																					
Last name	First Name	Email																																																																			
Street address	Municipality	Postal code	Province																																																																		
Telephone number ()	Fax ()	Cell number ()																																																																			
2. Location of property																																																																					
Building number, street name		Lot/con.	Municipality																																																																		
Plan number/other description	Part	Plan	Roll number																																																																		
3. Proposal																																																																					
<input type="checkbox"/> Building Addition (\$250.00) <input type="checkbox"/> Garage (\$250) <input type="checkbox"/> Pool (\$250) <input type="checkbox"/> Other* (\$250)																																																																					
*If other, please explain proposal or need for review:																																																																					
4. Building addition																																																																					
Existing number of bedrooms:		Additional number of bedrooms:																																																																			
Existing total floor area of dwelling: m ²		Proposed additional floor area of dwelling: m ²																																																																			
New total number of bedrooms:		New total floor area: (existing + proposed) m ²																																																																			
5. Existing Fixture Units (see OBC Tab 7.4.9.3. for non-residential)		6. Additional Fixture Units – for proposed additions/renovations																																																																			
<table border="0"> <tr> <td></td> <td># of Units</td> <td>Total</td> </tr> <tr> <td>Bathroom Group (3-4 piece bathroom)</td> <td>_____x6.0=</td> <td>_____</td> </tr> <tr> <td>Bathtub (with or without shower)</td> <td>_____x1.5=</td> <td>_____</td> </tr> <tr> <td>Toilet</td> <td>_____x4.0=</td> <td>_____</td> </tr> <tr> <td>Clothes Washer</td> <td>_____x1.5=</td> <td>_____</td> </tr> <tr> <td>Dishwasher</td> <td>_____x1.0=</td> <td>_____</td> </tr> <tr> <td>Laundry Tubs</td> <td>_____x1.5=</td> <td>_____</td> </tr> <tr> <td>Shower Drain</td> <td>_____x1.5=</td> <td>_____</td> </tr> <tr> <td>Sinks</td> <td>_____x1.5=</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____x . =</td> <td>_____</td> </tr> <tr> <td>TOTAL EXISTING</td> <td>=</td> <td>_____</td> </tr> </table>			# of Units	Total	Bathroom Group (3-4 piece bathroom)	_____x6.0=	_____	Bathtub (with or without shower)	_____x1.5=	_____	Toilet	_____x4.0=	_____	Clothes Washer	_____x1.5=	_____	Dishwasher	_____x1.0=	_____	Laundry Tubs	_____x1.5=	_____	Shower Drain	_____x1.5=	_____	Sinks	_____x1.5=	_____	Other	_____x . =	_____	TOTAL EXISTING	=	_____	<table border="0"> <tr> <td></td> <td># of Units</td> <td>Total</td> </tr> <tr> <td>Bathroom Group (3-4 piece bathroom)</td> <td>_____x6.0=</td> <td>_____</td> </tr> <tr> <td>Bathtub (with or without shower)</td> <td>_____x1.5=</td> <td>_____</td> </tr> <tr> <td>Toilet</td> <td>_____x4.0=</td> <td>_____</td> </tr> <tr> <td>Clothes Washer</td> <td>_____x1.5=</td> <td>_____</td> </tr> <tr> <td>Dishwasher</td> <td>_____x1.0=</td> <td>_____</td> </tr> <tr> <td>Laundry Tubs</td> <td>_____x1.5=</td> <td>_____</td> </tr> <tr> <td>Shower Drain</td> <td>_____x1.5=</td> <td>_____</td> </tr> <tr> <td>Sinks</td> <td>_____x1.5=</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____x . =</td> <td>_____</td> </tr> <tr> <td>TOTAL PROPOSED</td> <td>=</td> <td>_____</td> </tr> </table>			# of Units	Total	Bathroom Group (3-4 piece bathroom)	_____x6.0=	_____	Bathtub (with or without shower)	_____x1.5=	_____	Toilet	_____x4.0=	_____	Clothes Washer	_____x1.5=	_____	Dishwasher	_____x1.0=	_____	Laundry Tubs	_____x1.5=	_____	Shower Drain	_____x1.5=	_____	Sinks	_____x1.5=	_____	Other	_____x . =	_____	TOTAL PROPOSED	=	_____
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7. Water supply																																																																					
<input type="checkbox"/> Proposed <input type="checkbox"/> Existing <input type="checkbox"/> Drilled well Casing depth____m <input type="checkbox"/> Dug, bored, or blasted well <input type="checkbox"/> Sandpoint or drivepoint well <input type="checkbox"/> Surface water <input type="checkbox"/> Shore well <input type="checkbox"/> Cistern <input type="checkbox"/> Other: _____																																																																					
8. Current sewage system information																																																																					
<input type="checkbox"/> Septic tank _____ litres <input type="checkbox"/> Leaching bed _____metres of distribution piping <input type="checkbox"/> Filter bed loading area _____ m ²		<input type="checkbox"/> Holding tank _____ litres <input type="checkbox"/> Treatment unit type _____ <input type="checkbox"/> Class 1 and 2 (outhouse/privy and leaching pit)																																																																			
9. Previous permit information *																																																																					
Permit/Certificate of Approval number (s):		Year Installed:	*If unknown, please attach a list of previous owners:																																																																		
10. Directions to lot (municipal address, secondary road signs to follow, etc.)		11. I certify that the foregoing information is true and accurate:																																																																			
		X Signature of Legal Owners	Date																																																																		
		X Signature of Agent	Date																																																																		

Sewage System Plans Page

APPLICATION NO. _____
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12. Lot diagram and sewage plan (drawing must be accurate, to scale, indicate north point and show the following:

- (a) Location of sewage system components (e.g. tank(s), leaching bed(s), etc). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing on-site systems, driveways, property lines, lakes, rivers, springs, water courses, swimming pools.
- (b) Lot dimensions topographic features (e.g., swamps, steep slopes) near system. 1 square = ____ m/ft

DRAW TO SCALE

13. I certify the foregoing information is true and accurate:

Signature of Legal Owner	Signature of Agent	Date
X	X	

14. Office use only

- Proposal will not reduce the performance level of the existing sewage system; no objections to issuance of a building permit for proposal.
- Sewage system is not contravening section 8.9.1.2 (a) (b) (c) of the Ontario Building Code.
- Proposal will reduce the performance level of the existing sewage system. On-site sewage system will require upgrading.

15. Requirements

Chief Building Official: _____

Date: _____

Inspector: _____

Date: _____