

For use by Principal Authority	
Receipt number:	Permit/Application number:
Date received:	Roll number:

Application submitted to: **Peterborough County-City Health Unit**

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 <sup>2</sup> )	

B. Applicant			
Applicant is Owner: <input type="checkbox"/>		<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 ( )	

C. 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 ( )	

D. 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 ( )	

E. 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	

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. Attachments
<ul style="list-style-type: none"> <li>i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.</li> <li>ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.</li> <li>iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.</li> <li>iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.</li> </ul>

H. Declaration of applicant
<p>I _____ certify that:</p> <p style="margin-left: 40px;">(print name)</p> <ul style="list-style-type: none"> <li>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.</li> <li>2. I have authority to bind the corporation or partnership (if applicable).</li> </ul> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>

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	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 2.20.2.1]			
<input type="checkbox"/> 1. House <input type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings	<input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection	<input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <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 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. 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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have authority to bind the corporation or partnership (if applicable).</li> </ol> <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 100%;"> <span>Date</span> <span>Signature of Designer</span> </p>			

\*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

## 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 2.18.1.1?			
<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:</p> <p style="margin-left: 100px;">(print name)</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 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"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have authority to bind the corporation or partnership (if applicable).</li> </ol> <p style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>Date</span> <span>Signature of applicant</span> </p>			
F. Directions to the Property:			

**G. Site and Design Information:**

**Water Supply:** Proposed  or Existing  Municipal  Drilled Well  or Dug  Other: \_\_\_\_\_

Depth of Water-Tight Well Casing: \_\_\_\_\_

**State number of:**

Water Closets (Flush Tank Toilet) \_\_\_\_\_ x 4

Kitchen Sink \_\_\_\_\_ x 1.5 Total number of Bedrooms on the property: A) \_\_\_\_\_

Wash Basin \_\_\_\_\_ x 1.5 Total Floor Area of Buildings: B) \_\_\_\_\_ sq m

Bathtub and/or Shower \_\_\_\_\_ x 1.5 Total Fixture Units: C) \_\_\_\_\_

Dishwasher \_\_\_\_\_ x 1.5 Total Daily Design Flow Rate L/Day \_\_\_\_\_

Clothes Washing Machine \_\_\_\_\_ x 1.5

Single or Double Laundry Tub \_\_\_\_\_ x 1.5

**Soils:** Depth to bedrock: \_\_\_\_\_ Depth to high ground water table: \_\_\_\_\_

Percolation rate: \_\_\_\_\_ Date of assessment: \_\_\_\_\_

Will more than one sewage system be used? Yes  No

**H. Proposed Sewage System Design:**

**Class of Sewage System applied for:**

**Class 2** : Dimensions \_\_\_\_\_ Depth of Excavation: \_\_\_\_\_

**Class 3** : Dimensions \_\_\_\_\_ Depth of Excavation: \_\_\_\_\_

**Class 4:** Treatment Unit  Septic tank: Size: \_\_\_\_\_ Litres/Gallons

Other (State manufacturer, model, size etc.) \_\_\_\_\_

**Leaching Bed:**

Filter bed Filter bed area: \_\_\_\_\_ Expanded Contact Area: \_\_\_\_\_

Depth of excavation: \_\_\_\_\_

Absorption trench

Total length of distribution pipe \_\_\_\_\_ Depth of trench excavation: \_\_\_\_\_

**Other:** List type and details of System: \_\_\_\_\_

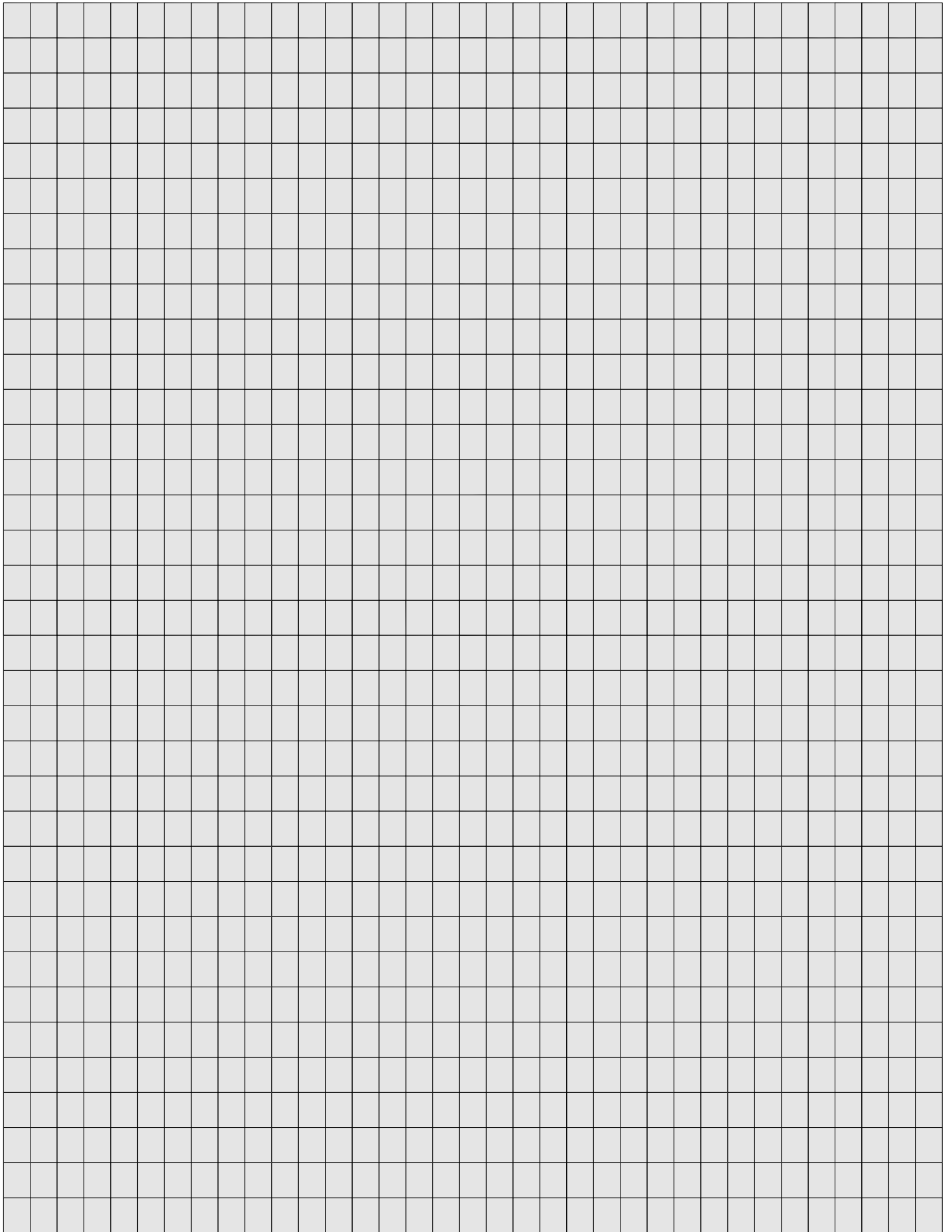
\_\_\_\_\_

\_\_\_\_\_

**Class 5:** Size of Holding Tank: \_\_\_\_\_

Attached Pump out Agreement  Yes  No

**I. Sewage System Site Plan:**



**Have you shown...?**

- direction north,  lot dimensions,  all buildings and wells,  location and layout of sewage system components
- distance from each sewage system component to,
  - wells (including neighbouring properties),  buildings,  lot lines,  lakes, streams, ponds, etc.
  - water drainage courses,  utility corridors and easements,  driveways.
- cross section of sewage system (if site is sloped) showing depths of excavated or filled areas.

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### Attention Applicant or Agent

- I agree to comply with the provisions of the Ontario Building Code, as amended. I further agree that neither the granting of a permit, nor the approval of plans, nor inspections made by the Inspector shall in any way relieve me from my responsibility for carrying out the work in accordance with the legislation mentioned above. I also understand that it is my responsibility to arrange for the necessary inspections as specified in writing by the Inspector at the time of permit issuance.
- Applicants are responsible for ensuring that the information provided is true and accurate. I also understand that, once a Permit has been issued, there shall be no change in the plans, specifications, documents or other information on which the Permit was issued unless, written authorization is first received from the Public Health Inspector. The Peterborough County-City Health Unit will not be held responsible for incorrect information provided herein by the applicant.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

- The Inspector will return all applications, which are incomplete or unsigned. This application does not constitute a permit.
- **No work shall commence until a permit has been issued.**



[www.pcchu.ca](http://www.pcchu.ca)

10 Hospital Drive

Peterborough, ON K9J 8M1

705 743 1000 or Toll Free 1 877 743 0101

Fax 705 743 1810