Application for Review of Performance Level of Existing Sewage System Instructions:

1. Complete the application in full:

- This smart form will automatically populate most calculations
- Insert signatures electronically or manually
- Sewage System Designs can be cut and pasted onto the design page or attached as a separate document.

2. Supporting Documents Required:

- Lot Diagram & Sewage System Plan must be accurate and to scale. It must indicate north point and show the location of sewage system components (e.g. tanks, leaching bed, direction of mantle, etc), locate and show horizontal distance from system to adjacent existing or proposed buildings, water supplies (including neighbours) existing on-site systems, driveways, centreline of road, side and rear property lines, lakes, rivers, springs, water courses, swimming pools, lot dimensions and topographic features (e.g. swamps, steep slopes) near system
- Depending on the location, written approval from other governing agencies may be required (ie MTO and/or Conservation Authority)

3. Submitting the application:

- Complete applications can be submitted to **permits@greaternapanee.com** or, if in person, to our front desk between 9:00 am and 4:00 pm, where a receptionist will scan the application, on your behalf.

4. Process:

- Once a complete application has been received an inspector will contact you within 10 business days to advise you of a permit issuance and of fees owing.
- Once the permit has been picked up and fees have been paid, the initial site visit will take place to view the test holes, determine the height of the system above grade and ensure the placement of the sewage system meets the Ontario Building Code requirements. Inspection must be booked at least 3 days prior to requiring one.
- A final inspection will be done when the sewage system is installed but not covered.
- A final grading inspection will be done once the sewage system has been backfilled, the slopes stabilized, and the system has been seeded.
- Final paperwork will be emailed or mailed to the owner.

5. Payment:

- Payment, due at time of permit issuance, can be made by cash, debit or cheque.

If you have any questions, please contact us at:

permits@greaternapanee.com
Phone (613) 776-1150 or (613) 354-3351 ext 4008

Application for Review of Performance Level of Existing Sewage System

This form is authorized under subsection 8(1.1) of the *Building Code Act*

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to:　TOWN OF GREATER NAPANEE

(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

◯ New Construction　　◯ Addition to an existing building　　◯ Alteration/repair　　◯ Demolition　　◯ Conditional Permit

Proposed use of building	Current use of building

Description of proposed work

C. Applicant

Applicant is:　◯ Owner　or　◯ Authorized agent of owner

Last name	First name	Corporation or partnership		
Street address			Unit number	Lot/con.
Municipality			Postal code	Province
Telephone number		Cell number		
Email				

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership		
Street address			Unit number	Lot/con.
Municipality			Postal code	Province
Telephone number		Cell number		
E-mail				

E. Builder (if known)

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. New home construction licensing requirement

i.	Is the proposed construction for a new home as defined in the *New Home Construction Licensing Act, 2017*? If no, go to section G.	Yes	No
ii.	Is a licence required under the *New Home Construction Licensing Act, 2017*?	Yes	No

iii. If yes to (ii) provide licence 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).	Yes	No
	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 *Building Code Act, 1992*, to be paid when the application is made.	Yes	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 *Building Code Act, 1992*.	Yes	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 *Building Code Act, 1992* which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	Yes	No
iv)	The proposed building, construction or demolition will not contravene any applicable law.	Yes	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

Owner Authorization

I/we, _____, being the legal owner(s) of the property described as

Lot _____, Concession _____, Parts(s)/Sublot(s) _____ of Registered Plan of

Survey/Subdivision _____, in the Municipality of _____,

located at Civic Address _____,

certify that _____ is authorized to submit an

Application to Construct or Demolish to the Town of Greater Napanee for the purposes of installing a sewage

system in accordance with Ontario Regulation 332/12, and to act as my/our representative for any associated

site inspections.

I/we certify that all information and material provided for the purpose of this application is accurate.

Signature of legal owner(s): _____

Review of Performance Level of an Existing On-Site Sewage System

H. Application Purpose

❑ Building Addition ❑ Garage ❑ Pool ❑ Other*

* If other, please explain proposal or need for review:

I. Building Addition

Existing number of bedrooms:	Additional number of bedrooms:	New total number of bedrooms:
Existing total floor area of dwelling: m²	Proposed additional floor area of dwelling: m²	New total floor area: (existing + proposed) m²

J. Existing Fixture Units (see OBC Table 7.4.9.3. for non-residential)	K. Additional Fixture Units – for proposed additions/renovations	L. Water Supply
# of Units Total Bathroom Group (3-4 piece bathroom) ____ x 6.0 = _____ Bathtub (with or without shower) ____ x 1.5 = _____ ____ x 4.0 = _____ Toilet ____ x 4.0 = _____ Clothes Washer ____ x 1.0 = _____ Dishwasher ____ x 1.5 = _____ Laundry Tubs ____ x 1.5 = _____ Shower Drain ____ x 1.5 = _____ Sinks ____ x 1.5 = _____ Other Total Existing = _____	# of Units Total Bathroom Group (3-4 piece bathroom) ____ x 6.0 = _____ Bathtub (with or without shower) ____ x 1.5 = _____ Toilet ____ x 4.0 = _____ Clothes Washer ____ x 1.5 = _____ Dishwasher ____ x 1.5 = _____ Laundry Tubs ____ x 1.5 = _____ Shower Drain ____ x 1.5 = _____ Sinks ____ x 1.5 = _____ Other ____ x___ = _____ Total Additional = _____ **New Total Fixture Units** = _____ (existing + additional)	❑ Proposed ❑ Existing ❑ Drilled well Casing depth _____m ❑ Dug, bored, or blasted well ❑ Sandpoint or drivepoint well ❑ Surface water ❑ Shore well ❑ Municipal water ❑ Cistern ❑ Other: _____

M. Current Sewage System Information

❑ Septic tank   _____ litres   ❑ Holding tank   _____ litres

❑ Leaching bed _____ metres of distribution piping   ❑ Treatment unit type _____

❑ Filter bed loading area _____ m²   ❑ Class 1 and 2 (outhouse/privy and leaching pit)

N. Previous Permit Information

Permit / Certificate of Approval number(s)*:	Year installed:

* If unknown, please attach a list of previous owners:

SEWAGE SYSTEM PLANS PAGE

LOT DIAGRAM AND SEWAGE SYSTEM PLAN: Drawing must be **accurate** and to **scale**. Indicate north point and show:

(a) Location of sewage system components (e.g. tanks, leaching bed, direction of mantle, 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**

Benchmark:

SEWAGE SYSTEM CROSS SECTION (FOR NEW SEWAGE SYSTEMS ONLY)

APPROVED ☐　　REJECTED ☐　　　　　　(See recommendations on previous page.)

Permit to install a Class 2, 3, 4, 5 Sewage System under section 8-(1) (2) of the Building Code Act, S.O. 1992, C.23.

This permit is issued to the owner to construct, install, alter, extend, enlarge or continue to use a Class_____Sewage system.

Any person who is not issued a permit may apply to the Building Code Commission for any issues involving the Building Code or Compliance to the Code.

Approved by:

Inspector: _____　　/ AS PER CBO　　Date: _____

The Town of Greater Napanee has a duty to protect employees from all forms of harassment and violence while in the workplace. By signing this application, I agree that all dealings with employees will be handled in a respectful and appropriate manner. I further agree that I and/or persons acting on my behalf, will conform to all applicable policies of the Town of Greater Napanee, which can be provided on request. Breach of a policy could result in processing delays, denial of service or other remedies contained in the approved policy.

Thank you for your cooperation.

_____   _____   _____
Name   Signature   Date