

Sewage System Application 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
- Review the application to ensure it is completed in full
- Save a copy of the application for your records

2. Submitting the application:

- Complete applications can be submitted to permits@greaternapanee.com or, if in person, to 99A Advance Ave., Napanee ON K7R 3Y5, between 9:00 am and 4:00 pm, where a receptionist will scan the application, on your behalf.

Note: Sewage System Applications will not be considered until fees are paid in full.

3. Payment:

- Payment can be made by cash, debit or cheque, payable to the Town of Greater Napanee

4. Process:

- Once an application is submitted in full an inspector will contact you within 10 business days to arrange an initial site visit.
- An 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.
- The inspector will issue a permit to install the sewage system to the applicant.
- Call the inspector for an inspection 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 mailed to the owner.

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 | | | | |
|--|----------------------------------|------------------------------------|------------|--------------------|
| Date received: | | Permit number (if different): | | |
| Date paid: | | Roll number: | | |
| Application submitted to: <u>TOWN OF GREATER NAPANEE</u> (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 | 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. | | | Yes | No |
| ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ? | | | Yes | 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. | | | 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 <i>Building Code Act, 1992</i> . | | | 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 <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. | | | Yes | No |
| iv) The proposed building, construction or demolition will not contravene any applicable law. | | | Yes | No |
| I. Declaration of applicant | | | | |
| <p>I _____ declare that:</p> <p>(print name)</p> <ol style="list-style-type: none"> The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. <p>_____</p> <p>Date Signature of applicant</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.

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------|-------------------------------------|---------------------|--|----------------------------------|---------------------|--|--------|---------------------|--|----------------|---------------------|--|------------|---------------------|--|--------------|---------------------|--|--------------|---------------------|--|-------|---------------------|--|-------|-----------------------|--|-----------------------|----------------|--|---|--|--|------------|-------|-------------------------------------|---------------------|--|----------------------------------|---------------------|--|--------|---------------------|--|----------------|---------------------|--|------------|---------------------|--|--------------|---------------------|--|--------------|---------------------|--|-------|---------------------|--|-------|-----------------------|--|-------------------------|----------------|--|--|----------------|--|
| <input type="checkbox"/> Building Addition | <input type="checkbox"/> Garage | <input type="checkbox"/> Pool | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 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: m ² | Proposed additional floor area of dwelling: m ² | New total floor area: (existing + proposed) m ² | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J. Existing Fixture Units (see OBC Table 7.4.9.3. for non-residential) | | K. Additional Fixture Units – for proposed additions/renovations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th># of Units</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Bathroom Group (3-4 piece bathroom)</td><td>_____ x 6.0 = _____</td><td></td></tr> <tr><td>Bathtub (with or without shower)</td><td>_____ x 1.5 = _____</td><td></td></tr> <tr><td>Toilet</td><td>_____ x 4.0 = _____</td><td></td></tr> <tr><td>Clothes Washer</td><td>_____ x 1.0 = _____</td><td></td></tr> <tr><td>Dishwasher</td><td>_____ x 1.5 = _____</td><td></td></tr> <tr><td>Laundry Tubs</td><td>_____ x 1.5 = _____</td><td></td></tr> <tr><td>Shower Drain</td><td>_____ x 1.5 = _____</td><td></td></tr> <tr><td>Sinks</td><td>_____ x 1.5 = _____</td><td></td></tr> <tr><td>Other</td><td>_____ x _____ = _____</td><td></td></tr> <tr><td>Total Existing</td><td>= _____</td><td></td></tr> </tbody> </table> | | # 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 1.0 = _____ | | Dishwasher | _____ x 1.5 = _____ | | Laundry Tubs | _____ x 1.5 = _____ | | Shower Drain | _____ x 1.5 = _____ | | Sinks | _____ x 1.5 = _____ | | Other | _____ x _____ = _____ | | Total Existing | = _____ | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th># of Units</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Bathroom Group (3-4 piece bathroom)</td><td>_____ x 6.0 = _____</td><td></td></tr> <tr><td>Bathtub (with or without shower)</td><td>_____ x 1.5 = _____</td><td></td></tr> <tr><td>Toilet</td><td>_____ x 4.0 = _____</td><td></td></tr> <tr><td>Clothes Washer</td><td>_____ x 1.5 = _____</td><td></td></tr> <tr><td>Dishwasher</td><td>_____ x 1.5 = _____</td><td></td></tr> <tr><td>Laundry Tubs</td><td>_____ x 1.5 = _____</td><td></td></tr> <tr><td>Shower Drain</td><td>_____ x 1.5 = _____</td><td></td></tr> <tr><td>Sinks</td><td>_____ x 1.5 = _____</td><td></td></tr> <tr><td>Other</td><td>_____ x _____ = _____</td><td></td></tr> <tr><td>Total Additional</td><td>= _____</td><td></td></tr> <tr><td>New Total Fixture Units (existing + additional)</td><td>= _____</td><td></td></tr> </tbody> </table> | | | # 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) | = _____ | |
| | # 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 1.0 = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dishwasher | _____ x 1.5 = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laundry Tubs | _____ x 1.5 = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shower Drain | _____ x 1.5 = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sinks | _____ x 1.5 = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | _____ x _____ = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L. 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"/> Municipal water <input type="checkbox"/> Cistern <input type="checkbox"/> Other: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M. 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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

8. Lot diagram and sewage system 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**

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of these squares, creating a total of 400 square units. The grid covers the entire area of the page, leaving no margins or other markings.

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

| | | |
|--------------------------|--------------------|------|
| Signature of Legal Owner | Signature of Agent | Date |
| X | X | |

10. 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. (1) (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.

11. Requirements

| |
|--|
| |
| |
| |
| |

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