



**Municipality  
of  
West Perth**

**Chief Administrative Officer**  
Will Jaques  
B.A., M.P.A.

**Clerk**  
Susan Cronin

**Treasurer**  
Karen McLagan  
AMCT, CGA

**Operations Manager**  
Mike Kraemer

**Chief Building Code Official**  
Robert B. McLean

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Mitchell, ON  
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(519) 348-8935 Fax  
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**Mayor**  
Walter McKenzie

**Deputy Mayor**  
Bill French

**Councilors**  
Doug Eidt  
Barbara MacLean  
Murray McIntosh  
Annamarie Murray  
John Nater  
Mike Tam  
Nicholas Vink  
Larry Wight  
Gordon Young

**TO: ALL BUILDING DEPARTMENT CUSTOMERS**

It is important that you fill out **all** the pertinent sections of the forms in ink.

Indicate all contractors and subcontractors who are working on your project:

- General contractor: \_\_\_\_\_
- TARION - ownership: \_\_\_\_\_
- Engineer/Architect/Designer: \_\_\_\_\_
- Plumbing subcontractor: \_\_\_\_\_
- Electrical subcontractor: \_\_\_\_\_
- \*HVAC subcontractor: \_\_\_\_\_ \*BCN # \_\_\_\_\_
- \*Energy Efficiency Design Summary – Compliance Option \_\_\_\_\_
- Foundation subcontractor: \_\_\_\_\_
- Framing subcontractor: \_\_\_\_\_
- Septic contractor: \_\_\_\_\_

\* **Requirement for a new home, gut renovations**

**2 copies of the blueprints or scaled drawings** for your project are required.

**BE ADVISED THAT WE CANNOT ISSUE A PERMIT UNLESS YOUR APPLICATION IS COMPLETE.**

**RE-INSPECTION FEE:** Where an inspection is called for and the project is not ready for inspection, a rescheduling fee of \$75 will be charged.

If you have any questions, please feel free to call the Building Department at 348-8429 Ext. 230.

Robert B. McLean, CBCO  
Chief Building Code Official & Zoning Administrator  
Ext. 226

Update January 1<sup>st</sup>, 2012

# Application for a Permit to Construct or Demolish

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

For use by Principal Authority	
Application number: <p style="text-align: center; font-size: large;">2012-0104</p>	Permit number (if different):
Date received:	Roll number:

Application submitted to: West Perth  
(Name of municipality, upper-tier municipality, board of health or conservation authority)

<b>A. Project information</b> <u>911 Address</u>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work <u>12</u>	
<b>B. Purpose of application</b>			
<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			
<b>C. Applicant</b> Applicant is: <input type="checkbox"/> Owner or <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 (    )	
<b>D. Owner (if different from applicant)</b>			
Last name		First name	Corporation or partnership
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	

Turn Over

<b>E. Builder (optional)</b>				
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 (    )	
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
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): _____				
<b>G. Required Schedules</b>				
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.				
<b>H. Completeness and compliance with applicable law - OFFICE TO COMPLETE</b>				
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.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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> .			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I Declaration of applicant</b>				
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		

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 which this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, ON M5S 4E5 (416) 585-6666.

## Schedule 2: Sewage System Installer Information

<b>L. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>M. Sewage system installer</b>			
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?			
<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)
<b>N. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	
<b>O. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>P. Declaration of Applicant:</b>			
I _____ declare that:			
(print name)			
<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;			
<u>OR</u>			
<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.			
I certify that:			
1. 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	



# MUNICIPALITY OF WEST PERTH

P.O. Box 609, 169 St. David Street, Mitchell, Ontario N0K 1N0  
 Tel: (519) 348-8429 Fax: (519) 348-8935

## Application For A Building Permit For A Sewage System

*Building Officials will not complete this form. The Application Form must be completed in ink.*

Owner:	Contractor:
Address:	Address:
Postal Code:	Postal Code:
Tel Home: ( ) Work: ( )	Tel: ( ) Fax: ( )

☞ Provide the following property information for the proposed undertaking(s)

Township/Ward	Lot & Conc.	Plan No.	SubLot #	911 #	Property Size
Is the property part of a subdivision? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of subdivision _____					
Has the property been severed in the last 15 years? Yes <input type="checkbox"/> No <input type="checkbox"/> Severance # _____					
Are there any other sewage systems on this property? Yes <input type="checkbox"/> No <input type="checkbox"/>					
What is the zoning designation of the property? _____					
Use of Existing Buildings <u>And</u> Their Floor Area					
		m <sup>2</sup>			m <sup>2</sup>
1	.....	.....	4	.....	.....
2	.....	.....	5	.....	.....
3	.....	.....	6	.....	.....

**Draw a site plan which locates all features and structures with all distances indicated.**

**Include the following on the site plan:**

- ☞ Property lines & topographic features - Water bodies and courses / swamps / slope degree & direction
- ☞ Existing & proposed structures - All buildings, driveways, easements, wells (state: dug, bored or drilled - include neighbours)
- ☞ Existing & proposed sewage systems - Tank & tile field orientation, distribution lines, mantle area, details of existing system if it remains in use, field drains

**Plumbing Fixtures**

Complete the following table:

Description	Total #	X	Fixture Units	=	Total Fixture Units
Bathroom Group (toilet, sink, bathtub/shower)	.....		6	=	.....
Water closet (flush tank toilet)	.....		4	=	.....
Each sink or wash basin	.....		1½	=	.....
Bathtub and/or shower	.....		1½	=	.....
Dishwasher	.....		1½	=	.....
Clothes washing machine	.....		1½	=	.....
Single or double laundry tub	.....		1½	=	.....
Garbage grinders	.....			=	.....
Whirlpool	.....			=	.....
Other _____	.....			=	.....
			<b>Total Fixture Units</b>	=	.....

**Sewage Systems**

Will more than one sewage system be used? Yes  No  Total # of bedrooms on the property .....

Total floor area of all dwellings (taken from "existing buildings" section on first page) .....

Total fixture units within all buildings on the property (See Plumbing Fixtures Section above) .....

Total daily design flow rate (expressed in l/day) (determine from above & from charts provided) Q = .....

Describe the sewage system area : Vegetation ..... Slope .....

Depth of soil from ground level to: bedrock ..... high water table .....

Type of soil (e.g. medium sand, clay, sandy, silt, etc.) .....

Percolation time of soil used in the bed (expressed in min/cm) T = .....

Water supply: Existing  Proposed  Municipal  Communal  Private

Type of Well: Dug  Drilled (minimum 6 m casing)

Neighboring Wells: Distance to proposed sewage system .....

Type: Dug  Drilled (minimum 6 m casing)

**For Raised Beds Only:**

Describe mantle area (downslope area below sewage system) : Vegetation .....

Proper soil is existing  or must be imported  Depth .....

Describe type of soil to be used ..... Estimated "T" Time .....

**Propose to construct** (refer to above information, charts provided and the building code)

- Class 2 Grey water system** Wall Structure: Concrete  Rock  Other .....
- Dimensions of pit: Length ..... Width ..... Height ..... Type of cover .....
- Class 3 Cesspool** Wall Structure: Concrete  Rock  Other .....
- Dimensions of pit: Length ..... Width ..... Height ..... Type of cover .....
- Type of Class 1 to be used: Privy  Composting  Chemical  Electrical  Other .....
- Class 4 Filter Bed (Proof of approved filter material must be provided)**
- Dug into existing soil  or raised  If raised, how far above existing soils? .....
- Area of filter medium (sq. m) ..... # of runs of tile ..... Header  or Distribution box
- Use of : existing tank  or new tank  Type: Concrete  Polyethylene  Size (L) ..... Manufacturer .....
- Treatment Unit Yes  No  Manufacturer .....
- Class 4 Trench Bed** Dug into existing soil  or raised  If raised, how far above existing soils?.....
- Total length of tile (m) ..... # runs of tile ..... Header  or Distribution box
- Use of: existing tank  or new tank  Type: Concrete  Polyethylene  Size (L) ..... Manufacturer .....
- Treatment Unit Yes  No  Manufacturer .....
- Class 5 (Holding tank) (A pump out contract must be provided)**
- Concrete  Polyethylene  Other .....
- Size (L) ..... Alarm is: Audio  and Visual

For any of the above, is a pump required? Yes  No  If yes, type and manufacturer.....

Pump chamber volume ..... (L)

Contractor's business licence # ..... On-site supervisor's licence # .....

**Prior to construction, arrange for an inspector to approve the proposed site and sewage system**

**Attention applicant or agent**

I agree to comply with the provisions of the building and zoning by-laws of the municipality and all amendments thereto. I further agree that neither the granting of a permit, nor the approval of plans, nor inspections made by the Sewage Inspector/Bulding Official (sewage systems) shall in any way relieve me from my responsibility for carrying out the work in accordance with the by-laws above mentioned. I also understand that it is my responsibility to arrange for the necessary inspections as specified in writing by the Sewage Inspector/Building Official at the time of permit issuance.

Applicants are responsible to ensure that the information provided is true and accurate. The Municipality of West Perth will not be held responsible for incorrect information provided to it by any applicant.

..... OR .....

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 building permit for a sewage system. **No work shall commence until a permit number has been issued.**

Personal information for this program is collected under the authority of the Ontario Building Code Act, 1992, as amended and will be used in considering your application for a building permit for a sewage system. Questions about this collection should be directed to the Municipality of West Perth at (519) 348-8429.

**FOR OFFICE USE ONLY**

Permit No. .... Date issued ..... Permit fee .....

Building inspection notification required:

- for initial site inspection
- prior to backfilling the sewage system
- after final grading of sewage system area

Comments: .....

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Sewage Inspector/Chief Building Official (sewage systems) ..... Date