



Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

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

Application submitted to: **Corporation of the County of Prince Edward**
(Name of municipality, upper-tier municipality, board of health or conservation authority)

<i>Project information</i>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (m ²)	
<i>Applicant</i> 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 ()	
<i>Owner (if different from applicant)</i>			
Last name		First name	Corporation or partnership
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
<i>Builder (optional)</i>			
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 ()	
<i>Purpose of application</i>			
<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			
<i>Tarion Warranty Corporation (Ontario New Home Warranty Program)</i>			
i. Is proposed construction for a new home as defined in the Ontario New Home Warranties Plan Act? If no, go to section G.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the Ontario New Home Warranties Plan Act?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide registration number(s): _____			
<i>Attachments</i>			
i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3. ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities. iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system. 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.			
<i>Declaration of applicant</i>			
I _____ certify 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. I have authority to bind the corporation or partnership (if applicable).			
_____		_____	
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 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.



County of Prince Edward
 Planning & Building Services
 72 King Street
 PICTON, Ontario K0K 2T0
 Phone: (613) 476-3880; Fax (613) 476-8144

Sewage System Permit Application

PERMIT NUMBER: _____

Please Print and Complete All Sections. Application must include two (2) diagrams

1. Owner Information

Name: _____
 Mailing Address: _____
 City: _____
 Phone (h): _____ Phone (w): _____

2. Agent Information

Name: _____
 Mailing Address: _____
 City: _____
 Phone: _____ Licence #: _____

3. Propose to _____ a Class _____ sewage system to serve a _____
 (construct/alter/enlarge) (2-5) (single family dwelling/motel/cottage/etc.)

4. Property Description

Lot: _____ Concession: _____ Ward _____
 Sub Lot No.: _____ Plan No.: _____ Lot Size: (m²) _____
 Roll Number: _____

5. Directions to Lot (including 911 address): _____

6. Dwelling: New dwelling Existing Dwelling Addition to existing building: Yes No
 No. of bedrooms: existing _____ proposed _____ Are new plumbing fixtures proposed: Yes No

7. Water Supply Proposed Existing (*Please include a copy of the well record*)
 Dug or bored well Drilled Well Municipal Other: _____ Casing Depth (m): _____

8. Fixture Units	No.	Units	Total
Bathroom Group	_____	x 6	_____
Bathtub	_____	x 1.5	_____
Toilet	_____	x 4	_____
Clothes Washer	_____	x 1.5	_____
Dishwasher	_____	x 1.5	_____
Laundry Tubs	_____	x 1.5	_____
Shower Drain	_____	x 1.5	_____
Floor Drain	_____	x 2	_____
Sinks	_____	x 1.5	_____
Other: _____	Total No. of Units		_____

9. Sub-surface Conditions Encountered

Rock & GWT	Depth (m)	Soil Type
	0	
	0.25	
	0.50	
	0.75	
	1.00	
	1.25	
	1.50	
GWT – Ground Water Table		
Estimated Percolation Rate of Existing Soils:		_____
Estimated Percolation Rate of Imported Soils:		_____

10. Sewage System Design/Description:

Class 2 Grey-water Leaching Pit Class 3 Cesspool Class 4 Leaching Bed (Conventional)
 Class 4 Leaching Bed (Filter Media Bed Systems) Class 4 (other) Class 5 Holding Tank

a) Class 2 Grey Water Leaching Pit:

Wall Structure Concrete Block Rock Other: _____
 Soils Use Existing Import Soils (Describe): _____
 Pit Dimensions Length: _____ Width: _____ Depth: _____

b) Class 3 Cesspool (Please Describe): _____

c) Class 4 Leaching Bed Sewage Systems – Septic Tank Information:

Existing tank OR New - approved tank Concrete tank OR Polyethylene tank
 Daily Design Sewage Flow (DDSF): _____ liters/day
 Septic Tank Capacity: DDSF X 2: _____ liters (min. 3,600 L)

Class 4 Leaching Bed (Conventional Trench Bed):

In-ground trench bed system Partially raised bed Fully raised bed **Mantle is:** Existing Soils OR Imported Soils
 Header Pipe Distribution box
 Length of Tile Bed: _____ Width of Tile Bed: _____ Total area of Tile Bed: _____ No. of Runs of Tile: _____
 Length of Tile Runs: _____ Total Length of Tile: _____ Diameter of Tile: 3" _____ Diameter of Tile: 4" _____
 Treatment Unit: Yes No Pump Required: Yes No

Class 4 (Other): Please Describe: _____

d) Class 5 Holding Tank: Manufacturer: _____ Daily Flow: _____
 7 Day Holding Capacity: _____ Tank Size: _____

11. I certify that the above information is complete and correct and I agree to comply with the provisions of the building and zoning by-laws of the County of Prince Edward. I also understand that it is my responsibility to arrange for the necessary inspections as required by the Inspector at the time of permit issuance.

Owner's Signature _____

Date _____

AND

Agent/Installer's Signature _____

Date _____

