

# Building Division

## On-Site Sewage System

### Permit Application Guide



#### Description

A building permit application for a private on-site sewage system - commonly referred to as a septic system.

#### General Information

A building permit is required for any repair, upgrade or material alteration to an existing sewage system or to install a new sewage system. A building permit will allow the construction and installation or repair to a private on-site sewage system.

#### Alteration or Upgrade

If proposed construction, renovation or alteration to a Building includes a change of use, the addition of bedrooms, plumbing fixtures or causes an increase in floor area then an evaluation of the existing sewage system is required. A formal evaluation of the system will determine if the changes will exceed the capacity of any component of the sewage system serving the dwelling unit or building being altered. The evaluation is to include calculations of total daily design of sanitary sewage flow and type of sewage system.

#### Required Documents and Drawings

##### Survey or Site Plan

A survey or site plan showing the footprint of the house and all accessory structures, driveway, landscaping and grade elevations. Location of all sewage system components such as tanks, distribution pipe, leaching bed and mantle if applicable, to be dimensioned in relation to existing structures, property lines, water wells on the property and adjacent properties. Note any other pertinent information that would affect the design or use of the system. Clearance distances to be identified and dimensioned to all bodies of water, rivers, watercourses and water wells on adjacent properties. Show existing and proposed grade elevations and slope on leaching bed and swales. Plan must be drawn to scale.

##### Plans

Plan of proposed sewage system fully dimensioned. Indicate size of septic and/or treatment tank(s), leaching bed, distribution piping and mantle if applicable. Existing and proposed grade elevations to be noted. Include base cut elevation on leaching bed.

##### Cross Section (filled based leaching beds only)

A cross section of the leaching bed showing grade elevations for: finished grade, stone, pipe, top of filter medium/sand or native soil and base cut. Mantle base slope, if applicable, to be stepped in the direction effluent will flow.

#### Design Calculations – Sewage System Design Flows

The total daily design of sanitary sewage flow is to be calculated in accordance with the Ontario Building Code Div. B 8.2.1.3 (1) or 8.2.1.3 (2). Provide calculations for the type of system, including size of tank(s), calculations for length of distribution piping, area of stone, leaching bed and loading rates based on percolation time of underlying native soil.

#### Site Evaluation

Pursuant to Sentence 8.2.1.2.(1), a site evaluation shall be conducted on every property where a new or replacement sewage system is to be installed. The percolation time of the native soil shall be determined by conducting a minimum of three percolation tests or by a soil engineer's grain size analysis. Both methods to provide the T-time of the soil classified in accordance with the Unified Soil Classification System as described in MMAH Supplementary Standard SB-6, "Percolation Time and Soil Descriptions".

## Required Forms

- **Application for a Permit to Construct or Demolish**
- **Schedule 1 Designer Information**
- **Schedule 2 Sewage System Installer Information**
- **Owner's Authorization Form** \* if required
- **Zoning Declaration Form**

## Exemptions - Schedule 1

If drawings are prepared, stamped and signed by a Professional Engineer they are exempt from submitting a Schedule 1. Property owners may prepare and submit drawings for a sewage system however must supply a Schedule 1. A Schedule 2 shall be supplied by the installer carrying out construction, repair, servicing or design activities.

**Note:** Drawings prepared by a qualified Designer, or licensed sewage system contractor, as defined by the Ontario Building Code shall include designer's name, Building Code Identification Number (BCIN), signature, and statement that the designer has reviewed and takes responsibility for the design and meets the qualifications set out in the Ontario Building Code as a Designer or other/independent Designer.

## Required Fees – Residential Sewage System

Building permit application fees can be found on the Townships website here: [Fees and Charges By-Law](#)

|  |                              |
|--|------------------------------|
| Permit Fee - Alteration or Repair            | As Per Fees & Charges By-Law |
| Permit Fee - New System                      | As Per Fees & Charges By-Law |
| Road Damage Deposit - all Municipal roadways | \$5,000.00                   |

## Apply Online

All applications for building permits are to be submitted online. To submit an application for building permit applicants will be asked to provide the above forms, fees and digital copies of the specified drawings. For further information regarding online submission application requirements please visit our Website page [Electronic Building Permit Application](#).

## Additional Requirements/Approvals/ Applicable Law

The Building Code Act prohibits the issuance of a Building permit if the proposed construction or demolition will contravene any applicable law as defined in the Ontario Building Code.

Please verify all approvals that may be necessary to submit a complete application. The following are examples:

- **Approval or Permit from Lake Simcoe Region Conservation Authority or Toronto Region Conservation Authority,**
- **Site Plan Development Approval/Agreement** (where applicable).

Should you have any questions or require clarification please contact the Building Division, King Township, 2585 King Road, King City, L7B 1A1 (905) 833-5321

# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

| <b>For use by Principal Authority</b>   |   |  |                                     |
|---|---|--|-------------------------------------|
| Application number:   | Permit number (if different):                             |  |                                     |
| Date received:  | Roll number:  |  |                                     |
| Application submitted to: _____<br>(Name of municipality, upper-tier municipality, board of health or conservation authority) |   |  |                                     |
| <b>A. Project information</b>   |   |  |                                     |
| 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>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                         |

| <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</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).<br>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 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.

| <b>A. Project Information</b>   |  |   |             |
|---|--|---|-------------|
| Building number, street name  |  | Unit no.  | Lot/con.    |
| Municipality  | Postal code  | Plan number/ other description                    |             |
| <b>B. Individual who reviews and takes responsibility for design activities</b>   |  |   |             |
| Name  |  | Firm  |             |
| Street address  |  | Unit no.  | Lot/con.    |
| Municipality  | Postal code  | Province  | E-mail      |
| Telephone number  | Fax number   |   | Cell number |
| <b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>  |  |   |             |
| <input type="checkbox"/> House  | <input type="checkbox"/> HVAC – House                  | <input type="checkbox"/> Building Structural      |             |
| <input type="checkbox"/> Small Buildings  | <input type="checkbox"/> Building Services             | <input type="checkbox"/> Plumbing – House         |             |
| <input type="checkbox"/> Large Buildings  | <input type="checkbox"/> Detection, Lighting and Power | <input type="checkbox"/> Plumbing – All Buildings |             |
| <input type="checkbox"/> Complex Buildings  | <input type="checkbox"/> Fire Protection               | <input type="checkbox"/> On-site Sewage Systems   |             |
| Description of designer's work  |  |   |             |
| <b>D. Declaration of Designer</b>   |  |   |             |
| <p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>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 submitted this application with the knowledge and consent of the firm.</li> </ol> <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of Designer</span> </p> |  |   |             |

**NOTE:**

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

## Schedule 2: Sewage System Installer Information

| <b>A. Project Information</b>   |             |   |   |
|---|-------------|---|---|
| Building number, street name  |             | Unit number   | Lot/con.  |
| Municipality  | Postal code | Plan number/ other description                      |   |
| <b>B. 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>C. 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>D. Qualified supervisor information (where answer to section B is "Yes")</b>   |             |   |   |
| Name of qualified supervisor(s)   |             | Building Code Identification Number (BCIN)          |   |
|   |             |   |   |
| <b>E. Declaration of Applicant:</b>   |             |   |   |
| <p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p>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>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. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p> |             |   |   |

# Building Division Letter of Authorization



## Information

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Roll Number: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

## Authorizing Letter

To Whom it May Concern:

I/We, the above, do give \_\_\_\_\_ permission to act as our agent in applying to the Township of King for a building permit for the following projects:

(check all that apply)

- Demolition of Accessory Structure
- Demolition of Residential Building
- Demolition of Commercial/Industrial Building
- Construction of Dwelling
- Addition to Dwelling
- Construction of Accessory Structure
- Construction of a Deck
- Construction of Commercial/Industrial Building
- Renovation to Existing Building
- Other: (please specify) \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Building Division Zoning Review Declaration



## General Information

Zoning review is a detailed review of proposed construction, demolition and/or development intended to support a building permit application. This review determines zoning compliance and confirms compliance with other applicable law and by-laws. Zoning review is completed by the Planning Department.

**Project Information:**  AGENT/ APPLICANT  OWNER

**OWNER NAME:**

\_\_\_\_\_  
First Last

**APPLICANT NAME:**

(IF DIFFERENT THAN ABOVE)

\_\_\_\_\_  
First Last

**PROPERTY ADDRESS:**

\_\_\_\_\_  
Street No. and Name City Postal Code

**LEGAL DESCRIPTION:**

\_\_\_\_\_  
Lot No. Plan No. Concession

**MAILING ADDRESS**

(IF DIFFERENT THAN ABOVE)

\_\_\_\_\_  
Street No. and Name City Postal Code

**TELEPHONE NUMBER:**

\_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

## Declaration and Acknowledgement of Applicant

**I hereby declare and acknowledge the following:**

- I am,  the owner as stated above  
 the owner's authorized agent  
 an officer/employee of \_\_\_\_\_ which is an authorized agent of the owner

The time period for building permit application review according to OBC 1.3.1.3. Part 1, Division C, cannot be established until all required applicable law approvals, including zoning review, are complete and the approved documents are returned to the Building Division.

The Building Code Act prohibits the issuance of a building permit if proposed construction or demolition will contravene applicable law as defined in the Building Code.

This review does not relieve the owner from complying with the Ontario Building Code, the Act, all applicable by-laws and regulations.

**I hereby certify that I have read and agree to the information presented on this page.**

\_\_\_\_\_  
Name (please print) Signature Date

Personal information collected on this form is under the authority of the Municipal Act, s. 11. The purpose of this collection is to administer the Service Connection Permit Application Process. Personal information provided on this form is protected in accordance with Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) Part II. Should you have any questions or concerns regarding the collection of personal information, please contact the Building Division, King Township, 2585 King Road, King City, ON L7B 1A1 (905) 833-4078.