



TOWNSHIP OF KING
BUILDING DEPARTMENT
PLUMBING AND DRAIN PERMIT
APPLICATION

Plumbing Permit No.: _____
 Building Permit No.: _____
 Date Received: _____
 Total Fee: \$ _____ Receipt #: _____

Location of Work (address):

Roll #: _____ Registered Plan #: _____ Lot #: _____ Twp. Lot: _____ Conc.: _____

Owner: _____ Plumbing/Drain Contractor: _____

Mailing Address: _____ Mailing Address: _____

City/Province: _____ City/Province: _____

Postal Code: _____ Postal Code: _____ License #: _____

Phone: (hm) _____ (wk) _____ Phone: (hm) _____ (wk) _____

Builder/General Contractor: _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Phone: (hm) _____ (wk) _____

BUILDING TYPE (check one only)
 Residential Multiple Dwelling Commercial Industrial Institutional Agricultural Other _____

PERMIT TYPE Plumbing Drains Both **DRAINS** Inside Outside Both

APPLICANT
 Owner/Lessee Plumbing/Drain Contractor Builder/General Contractor

THIS DEVELOPMENT IS New Old **PLANS** Yes No

NEW FIXTURE TYPE	QTY.	COMPLIES WITH QUANTITY	WATER SERVICE (Length)	SANITARY DRAINS (Length)	STORM DRAINS (Length)
Toilet		50 mm (2") or less			
Wash Basin		100 mm (4")			
Bath Tub		150 mm (6")			
Shower Stall		200 mm (8")			
Kitchen Sink		250 mm (10")			
Bar Sink		300 mm (12")			
Laundry Tub		List each size greater than			
Bidet		300 mm (12")			
Floor Drains		Other			
Drinking Fountain		(Specify)			
Urinal		TYPE OF MATERIAL USED			
Service Sink					
Interceptors		Combustible	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Back Flow Prevention					
Hose Nibs		If Yes, please specify			
Other					
TOTAL FIXTURES		RESIDENTIAL ONLY	Size	Length	
Manholes		New Water Services			
Catch Basins		New Sanitary Drain			
Rain-water Hoppers		New Storm Drain			
Area Drains		Decommission Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Testable B.F.P.s					
Other (specify)					

I, the undersigned certify that the above information is complete and correct in every respect and that all materials, fixtures and workmanship will conform with the Ontario Building Code and The Township of King policies. The undersigned hereby permits the Township of King, its employees, agents, contractors or assigns to enter onto the lands to conduct whatever inspections and tests that may be necessary.

Signature: _____ **Print:** _____ **Date:** _____

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:		Permit number (if different):	
Date received:		Roll number:	
Application submitted to: _____ (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			
<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 <p style="text-align: center; font-size: 1.2em;">SEPTIC DECOMMISSIONING</p>			
C. Applicant			
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 ()	
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.		<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): _____			
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.		<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
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	

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.