

The following information is required to complete the application for a permit to construct a sewage system.

- A copy of the tax bill or land transfer deed.
- Completed application signed by owner or by authorized agent. (Written authorization must be provided.)
- Permit fee.
- Completed lot diagram.
- Completed design of sewage system.
- At least two test holes 1.8 metres in depth. Test holes are to be dug in the area proposed for the sewage system.
- Documents establishing compliance with applicable law.

Please note that incomplete applications will be returned to the applicant.

Once the completed application has been reviewed, an Inspector will visit the property to inspect the test holes and site.

If you have any questions regarding this application, please contact the Inspector at the Peterborough Public Health (705-743-1000) between 8:30 a.m. and 9:30 a.m. weekdays.

Fees for Service Related to Sewage Systems

Effective May 1, 2021

Service	Type	Fee
Sewage System Building Permits	Permit for Class 4 Sewage System, design capacity less than or equal to 4500 litres per day	\$750.00
	Permit for Class 4 Sewage System, design capacity greater than 4500 litres per day and less than or equal to 10,000 litres per day	\$1,200.00
	Permit for Class 4 Sewage System Tank Replacement Only	\$400.00
	Permit for Class 5 Sewage System (Holding Tank)	\$750.00
	Permit for Class 3 Sewage System (Cesspool)	\$500.00
	Permit for Class 2 Sewage System (Greywater System)	\$500.00
	Sewage System Permit for Trench Bed repair or extension of 16 metres or less	\$500.00
	Sewage System Permit for Filter Bed repair, replacement or extension of 6 square metres or less	\$500.00
	Transfer of permit to a new owner	\$375.00
Change of Use Permit (Review of Existing)	Existing System Inspection (for Review of Existing Sewage System applications)	\$400.00
Rezoning, Minor Variance, and site-specific Official Plan Amendments	Rezoning or minor variance comments requiring a site visit	\$250.00
	Rezoning or minor variance comments not requiring a site visit	\$0.00
	Site-specific Official Plan Amendments	\$0.00
Severance or Subdivision Comments	First lot	\$300.00
	Each additional lot	\$150.00
Severance or Subdivision Re-inspection	First lot	\$300.00
	Each additional lot	\$150.00
Copies	Copies of archived permits	\$35.00
File Search	File search (e.g., Lawyer, real estate), copies and letter	\$125.00

For use by Principal Authority

Receipt number:	Permit number:
Date received:	Roll number:

Application submitted to: **Peterborough Public Health**

A. Project information

Building number, street name		Unit number	Lot/con.
Municipality/Ward	Postal Code	Plan number/other description	
Project value est. \$		Property Dimensions (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
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Description of proposed work (reason for sewage system installation)

C. Applicant

Applicant is: Owner or Authorized agent of owner

Last name	First name	Corporation or partnership	
Street address (mailing)		Unit number	Lot/con.
City	Postal Code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
E-Mail Address			

D. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Street address (mailing)		Unit number	Lot/con.
City	Postal Code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
E-Mail Address			

E. Builder (optional)			
Last name	First name	Corporation or partnership (if applicable)	
Street address (mailing)			Unit number
			Lot/con.
City	Postal Code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
E-Mail Address			
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
		<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.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information			
Building number, street name		Unit no.	Lot/con.
Municipality/Ward		Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name		Firm	
Street address (mailing)		Unit no.	Lot/con.
City	Postal Code	Province	E-mail
Telephone number ()	Fax number ()	Cell number ()	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
<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			
D. Declaration of Designer			
I _____ declare that (choose one as appropriate):			
(print name)			
<input type="checkbox"/> 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. Individual BCIN: _____ Firm BCIN: _____			
<input type="checkbox"/> 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. Individual BCIN: _____ Basis for exemption from registration: _____			
<input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code. Basis for exemption from registration and qualification: _____			
I certify that:			
1. The information contained in this schedule is true to the best of my knowledge. 2. I have submitted this application with the knowledge and consent of the firm.			
_____		_____	
Date		Signature of Designer	

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

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality/Ward	Plan number/ other description		
B. Sewage system installer			
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)
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address (mailing)		Unit number	Lot/con.
City	Postal Code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
D. Qualified supervisor information (where answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
<p>I _____ declare that:</p> <p style="margin-left: 40px;">(print name)</p> <p><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;</p> <p><u>OR</u></p> <p><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.</p> <p>I certify that:</p> <ol style="list-style-type: none"> 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. <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

A. Directions to the property:

B. Site and Design Information:

Water Supply: Proposed [] or Existing [] Municipal [] Drilled Well [] or Dug [] Other: _____
Depth of Water-Tight Well Casing: _____

State number of Fixture Units:

Water Closets (Flush Tank Toilet)	_____	X 4.0	_____
Kitchen Sink	_____	x 1.5	_____
Wash Basin	_____	x 1.5	_____
Bathtub and/or Shower	_____	x 1.5	_____
Dishwasher (no load if connected to kitchen sink)	_____	x 1.0	_____
Clothes Washing Machine	_____	x 1.5	_____
Single or Double Laundry Tub	_____	x 1.5	_____
Floor Drain – 2 in. trap	_____	X 2.0	_____
Floor Drain – 3 in. trap	_____	X 3.0	_____

“Bathroom Group” means:
a group of plumbing
fixtures installed in the
same room, consisting of
1 toilet, 1 wash basin, and
1 tub, shower, or
tub/shower combo.

_____ x 6.0 _____

List any additional toilets,
wash basins, or tubs
and/or showers below.

Other (list details) _____ TOTAL _____ = C

Total number of bedrooms on the property:	A) _____
Total Floor Area of Buildings	B) _____ sq m
Total Fixture Units	C) _____
Total Daily Design flow Rate	L/Day _____

Soils: Depth to bedrock: _____ Depth to high ground water table: _____
Percolation rate: _____ Date of assessment: _____

Will more than one sewage system be used? Yes [] No []

C. Proposed Sewage System Design:

Class of Sewage System applied for:

Class 2 : Dimensions _____ Depth of Excavation: _____

Class 3 : Dimensions _____ Depth of Excavation: _____

Class 4: Treatment Unit Septic tank: Capacity: _____ Litres/Gallons
 Other (State manufacturer, model, size etc.) _____

Leaching Bed:

Filter bed Filter bed area: _____ Expanded Contact Area: _____
Depth of excavation: _____

Absorption trench
Total length of distribution pipe _____ Depth of trench excavation: _____

Other: List type and details of System: _____

Class 5: Capacity of Holding Tank: _____
Must Attach Pump-Out Agreement

Attention Applicant or Agent

- I agree to comply with the provisions of the Ontario Building Code, as amended. I further agree that neither the granting of a permit, nor the approval of plans, nor inspections made by the Inspector shall in any way relieve me from my responsibility for carrying out the work in accordance with the legislation mentioned above. I also understand that it is my responsibility to arrange for the necessary inspections as specified in writing by the Inspector at the time of permit issuance.
- Applicants are responsible for ensuring that the information provided is true and accurate. I also understand that, once a Permit has been issued, there shall be no change in the plans, specifications, documents or other information on which the Permit was issued unless, written authorization is first received from the Public Health Inspector. Peterborough Public Health will not be held responsible for incorrect information provided herein by the applicant.

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 permit.
- **No work shall commence until a permit has been issued.**



peterboroughpublichealth.ca

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Peterborough, ON K9J 2R8

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