



Important Notice to Building Permit Applicants

Please be advised that a Building Permit application is not considered complete until Zoning Compliance has been confirmed and all other required information is submitted to the Town. This includes, but is not limited to, drawings to scale, site/plot plan, entrance permits, **and other related permits and approvals.**

Until such time as a Building Permit application is considered complete, the target processing times as set out in the Ontario Building Code and as listed below, do not commence.

- Residential (houses) 10 working days
- Small Buildings 15 working days
- Large Buildings 20 working days
- Complex Buildings 30 working days

THE CORPORATION OF THE TOWN OF MIDLAND


A handwritten signature in blue ink, appearing to read 'Terry Paquette'.

Terry Paquette, CBCO
Chief Building Official

/rs

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:		<u>TOWN OF MIDLAND</u> 	
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			
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 <i>Building Code</i> . (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).			<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.				
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 _____ 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. 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	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	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.(1)]			
<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: _____			
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:
- For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d). 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.
 - Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practice, a limited license to practice, 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	Postal code	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		Unit number	Lot/con.
Municipality	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="text-align: center;">(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>OR</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 style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

Schedule 2A: Sewage System Information

A. Proposed Sewage System

IS FOR: <input type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use	INSTALLATION IS: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Repair
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Test Holes are required for all new or replacement Class 4 septic system applications; minimum size to be 3 feet (.9 meters) wide and 6 feet (1.8 meters) deep. Must be stepped or sloped.	Are Test Holes ready? <input type="checkbox"/> Yes <input type="checkbox"/> No
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B. Type of Proposed Sewage System

<input type="checkbox"/> Class 2 – Leaching Pit <input type="checkbox"/> Class 3 – Cesspool <input type="checkbox"/> Class 4 – Sewage System <input type="checkbox"/> Class 5 – Holding Tank	NOTE: Class 2, 3 & 5 sewage systems have limited or restricted uses.
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C. Design Flow Calculations – Dwellings (separate calculations required for non-residential structures)

Record number of plumbing fixtures (include rough-in plumbing (eg. for future basement bathroom)):					
Description of Fixture	Number of New/Proposed Fixtures		Fixture Units		Fixture Unit Count
Dishwasher		X	1.5	=	
Garbage Grinder		X	3	=	
Hot Tub / Spa		X	1.5	=	
Kitchen Sink		X	1.5	=	
Laundry tub		X	1.5	=	
Toilet		X	4	=	
Tub / Shower (1 head)		X	1.5	=	
Wash Basin		X	1.5	=	
Washing Machine		X	1.5	=	
Bathroom Group		X	6	=	
Other – please specify: _____		X		=	

TOTAL FIXTURE UNITS:	
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TOTAL FIXTURE UNITS OVER 20:	
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Additional Appliances: <input type="checkbox"/> Water Softener <input type="checkbox"/> Water Filter	→ <input type="checkbox"/> Does it backwash into Septic? → <input type="checkbox"/> Does it backwash into Septic?
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Record finished floor area (in square meters) for the following:

1 st Floor	2 nd Floor	3 rd Floor	Loft	Other – please specify:	TOTAL

Record number of separate dwelling units: _____

Schedule 2A: Sewage System Installer Information Cont'd

D. Design Flow Calculations for Dwellings (separate calculation required for non-residential structures)

Where:	A = Bedroom Flow (1-5 bedrooms) B = Bedroom Flow (<i>over</i> 5 bedrooms) C = Living Area Flow D = Fixtures Units <i>over</i> 50
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Bedroom Flow (A)	Select Number of Bedrooms	Volume (Litres)	Total Flow	
	<input type="checkbox"/> 1 Bedroom	750	=	
	<input type="checkbox"/> 2 Bedrooms	1100	=	
	<input type="checkbox"/> 3 Bedrooms	1600	=	
	<input type="checkbox"/> 4 Bedrooms	2000	=	
	<input type="checkbox"/> 5 Bedrooms	2500	=	
	TOTAL (A)			

Bedroom Flow (B)	> 5 Bedrooms	Number of Bedrooms > 5	Volume (Litres)				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	X	500 (each)	=		
	TOTAL (B)						

Living Area Flow (C)	Size of Living Area	# of increments of 10m ² over living area	Volume (Litres)		Total Flow	
	<input type="checkbox"/> 0 – 200 M2		X	0	=	
	<input type="checkbox"/> 201 – 400 M2		X	100	=	
	<input type="checkbox"/> 401 – 600 M2		X	75	=	
	<input type="checkbox"/> >600 M2		X	50	=	
TOTAL (C)						

Fixture Units (D)	Number of Fixture Units over 20 (from pg. 5)	=		X	50 L/Fixture Unit
	TOTAL (D)				

E. Design Flow (Number of Litres per day)

Q = A + (the highest of) B or C or D

Q = _____ **A** + _____ **(B or C or D)**

Q = _____ **Litres per day**

F. Septic Tank Size (Working Capacity) for Class 4 System Existing Replacement

<input type="checkbox"/> Residential (3600L) Minimum	2 X Q	Proposed / Existing Working Capacity _____ Litres
<input type="checkbox"/> Non-Residential (3600L) Minimum	3 X Q	

G. Other Treatment Unit Tertiary Secondary

Manufacturer	Model	BMEC (attach to Application)

Schedule 2B: Soil Design Criteria and Site Evaluation

A. Percolation Rate of Design Soil (T)					
Percolation Rate of Design Soil		Percolation Rate of Mantle Sand		SEE: <input type="checkbox"/> Laboratory Analysis <input type="checkbox"/> Lab Report Attached	
T = _____ min/cm		T = _____ min/cm			
Soil is: <input type="checkbox"/> Native <input type="checkbox"/> Imported		Soil is: <input type="checkbox"/> Native <input type="checkbox"/> Imported			
NOTE: The Town of Midland will require documentation by a certified soil technician on proposed imported soils to confirm the percolation rate ("T"-time), or the suitability of filter sand or imported fill.					
B. Percolation Rate and Classification of Native Soil					
<input type="checkbox"/> Laboratory Analysis (report attached) <input type="checkbox"/> Test of Site (test hole) <input type="checkbox"/> Estimated (Unified System)					
Test Hole #1			Test Hole #2		
Soil Description	Depth (in meters)	Township Confirmation	Soil Description	Depth (in meters)	Township Confirmation
eg. Topsoil	0m - .3m		eg. Topsoil	0m - .3m	
Depth to groundwater (or T > 50 min/cm):			Depth to groundwater (or T > 50 min/cm):		
Notes:			Notes:		
ESTIMATED PERCOLATION RATE OF NATIVE SOIL (for example only)					
Check	T-time (in min/cm)	Visual Appearance	Soil Type (Unified Soil Classification System)		
<input type="checkbox"/>	4 – 12	Silty gravels, Gravel-sand-silt	GM – Permeable to medium permeable, depending on amount of		
<input type="checkbox"/>	12 – 50	Clayey gravel, gravel-sand-clay mixtures	GC – Important to estimate amount of silt and clay		
<input type="checkbox"/>	2 – 12	Gravel, sand mix, minimal fine	SW – Medium permeability		
<input type="checkbox"/>	2 – 8	Gravelly sand, uniform, minimal fine	SP – Medium permeability		
<input type="checkbox"/>	8 – 20	Silty sand / loam mix	SM – Medium to low permeability		
<input type="checkbox"/>	12 – 50	Clayey sand / silty loam mix	SC – Medium to low permeability depending on amount of clay		
<input type="checkbox"/>	20 - 50	Inorganic silts / clayey silts	ML – Medium to low permeability		
NOTE: Filter bed can only be installed in the ground when "T" time of native soil does not exceed 15 min/cm. 8.7.4.2.(2)					
C. Water Supply for Lot					
<input type="checkbox"/> Is existing <input type="checkbox"/> Proposed to be: <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Other, please specify: _____					
Are other wells located within 30m of proposed septic tank / distribution pipe?			<input type="checkbox"/> Yes – if yes, be sure to include on Site Plan <input type="checkbox"/> No		

Schedule 2C: Class 4 Sewage System Calculations

A. Absorption Trench

- | | |
|---|---|
| <input type="checkbox"/> In-ground | L = Length of Distribution Pipe (in metres) |
| <input type="checkbox"/> Raised | Q = Daily Design Flow (in litres) |
| <input type="checkbox"/> Partially Raised | T = Percolation Time of Underlying Soil |

8.7.3.1(2)

$$L = \frac{Q}{T} \times \frac{\quad}{\quad} / 200$$

$$L = \frac{\quad}{\quad}$$

NOTES:

OR

8.7.3.1(3) With Treatment Unit or Permitted by Proprietary Products

$$L = \frac{QT}{300}$$

$$L = \frac{Q}{T} \times \frac{\quad}{\quad} / 300$$

$$L = \frac{\quad}{\quad}$$

NOTES:

B. Filter Bed

- | | |
|---|---|
| <input type="checkbox"/> In-ground | L = Length of Distribution Pipe (in metres) |
| <input type="checkbox"/> Raised | Q = Daily Design Flow (in litres) |
| <input type="checkbox"/> Partially Raised | T = Percolation Time of Underlying Soil |

EFFECTIVE SURFACE AREA

<p>i. If Q < 3000 litres / day</p> <p>A = $\frac{Q}{75}$</p> <p>A = $\frac{\quad}{75}$ OR</p> <p>A = $\frac{\quad}{\quad}$ m²</p>	<p>ii. If Q > 3000 litres / day</p> <p>A = $\frac{Q}{50}$</p> <p>A = $\frac{\quad}{50}$</p> <p>A = $\frac{\quad}{\quad}$ m²</p>
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If Area "A" of effective surface area is greater than 50 m²:
 How many cells are to be installed? _____
 What is the size of each cell? _____

FILTER MEDIUM BASE AREA

$$A = \frac{QT}{850}$$

$$A = \frac{\quad}{\quad} \times \frac{\quad}{\quad} / 850$$

$$A = \frac{\quad}{\quad} \text{ m}^2$$

Schedule 2C: Class 4 Sewage System Calculations Cont'd

C. Loading Rate (fill area) From Table 8.7.4.1A of the Building Code (if applicable)

**LOADING RATE (LR) FOR:
FILL-BASED / ABSORPTION TRENCHES AND FILTER BEDS**

	Percolation Time of Soil (T) min / cm	Loading Rate (LR) (L/m ²) / per day
<input type="checkbox"/>	Between 1 – 20	10
<input type="checkbox"/>	Between 20 – 35	8
<input type="checkbox"/>	Between 35 – 50	6
<input type="checkbox"/>	Greater than 50	4

Loading Area (in m²) = Q / LR
LR = _____ m²

A Dose Pump is required if total distribution pipe is 150m or more.

Dose Pump required? Yes No

L = total length of distribution pipe in the leaching bed
V = effluent volume (in litres) pumped

3" diameter distribution pipe V = 3.3 x L = _____

4" diameter distribution pipe V = 5.9 x L = _____

D. Site Plan

PROVIDE THE FOLLOWING INFORMATION:

- Locate and show horizontal distance from sewage system to all proposed or existing structures, driveway, property lines, swimming pools
- Locate and show clearance to all wells (including those on adjacent properties)
- Water sources (eg. lakes, rivers etc.)
- Swales, slopes and changes in grade
- North (facing) arrow
- Tank and pump chamber sizes (in litres)
- Base, contact and loading areas (in square metres)
- Length of distribution pipe (in metres)

Please use the attached template.

E. Declaration

1. I acknowledge that any deviation from the approved plans and specifications after the permit is issued is a violation of the Building Code Act and agree to consult with a building inspector before making any changed from the approved plans.
2. I agree to comply with the provisions of the Municipal Building and Zoning By-laws.
3. I agree that, neither the granting of a permit, nor approval of the plans and specifications, nor inspections made by Town of Midland Inspectors during work on the sewage system, shall relieve me from the responsibility for carrying out the work in accordance with the Building Code Act, as amended, and the Regulations made thereunder.
4. I declare that the information contained herein is in every respect, full and truthfully stated to the best of my knowledge and belief.
5. I acknowledge that I will provide a pit analysis of filter medium where applicable.
6. I acknowledge that, prior to backfilling, the stone layer shall be protected by covering it with untreated building paper or a permeable geo-textile fabric.
7. I acknowledge that a leaching bed shall not be covered with any material having hydraulic conductivity less than 0.01 m/day.
8. I acknowledge that I will operate (if owner), or advise the owner (if contactor) of the operation and maintenance required on the septic system.
9. I acknowledge that I will provide / obtain a Maintenance Contract for a Treatment Unit and Class 5 Holding Tank.
10. I acknowledge that should a temporary entrance be required to construct this septic system, I will obtain an entrance approval if require by the Public Works Department, prior to commencing construction.

Name of Applicant (please print)

Signature of Applicant

Date

- Permit granted
- Permit granted with attachments
- Unable to grant, reasons attached

Name of Chief Building Official or Designate (please print)

Date

Signature of Chief Building Official or Designate



TOWN OF MIDLAND
575 Dominion Avenue Midland, ON L4R 1R2
Phone: 705-526-4275 Fax: 705-526-9971 building@midland.ca

AUTHORIZATION OF LEGAL OWNER

I _____, being the legal owner of the

subject property described as (street address): _____,

Lot _____, Concession _____, on Plan No. _____,

in the Town of Midland, hereby authorize: _____

to do the following:

- apply for a Building Permit on behalf of myself, the Legal Owner, or
- retrieve information from archived Building Permits regarding the above noted address.

Date

Signature of Legal Owner