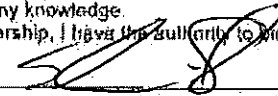


## Application for a Permit to Construct or Demolish – Sewage System

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

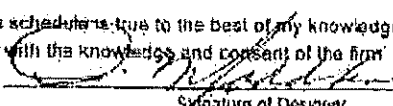
For use by Principal Authority			
Application number:	Permit number (if different):		
Date received:	Roll number:		
Application submitted to: <u>NIAGARA REGION</u> <small>(Name of municipality, upper tier municipality, board of health or conservation authority)</small>			
A. Project information			
Building number, street name <u>3673 FIRELANE #12</u>		Unit number	Lot/con
Municipality <u>PORT COLBORNE</u>	Postal code	Plan number/other description	
Project value est. \$		Area of work (m <sup>2</sup> )	
B. Purpose of application			
<input checked="" 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 <u>RESIDENTIAL</u>		Current use of building <u>RESIDENTIAL</u>	
Description of proposed work <u>CONSTRUCT A NEW CLASS 4 SEWERAGE DISPOSAL SYSTEM</u>			
C. Applicant			
Applicant is: <input checked="" type="checkbox"/> Owner or		<input type="checkbox"/> Authorized agent of owner	
Last name <u>SIDER</u>	First name <u>EMILYN</u>	Corporation or partnership <u>SIDER BEIS. BUILDERS</u>	
Street address <u>5199 MITCHENER ROAD - RIDGEWAY</u>		Unit number	Lot/con
Municipality <u>PORT ERIE</u>	Postal code	Province	E-mail
Telephone number <u>905 687-0736</u>	Fax ( )	Cell number ( )	
D. Owner (if different from applicant)			
Last name <u>LEON</u>		First name <u>DIANE</u>	Corporation or partnership
Street address <u>3673 FIRELANE #12</u>		Unit number	Lot/con
Municipality <u>PORT COLBORNE</u>	Postal code <u>L0S 1R0</u>	Province <u>ONT.</u>	E-mail
Telephone number ( )	Fax ( )	Cell number ( )	

<b>D. Building location</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>E. Ontario 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. 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 <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 checked="" 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.			<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I. Declaration of applicant</b>				
I, <u>SHAWN SIDER (SIDERBROS BUILDERS)</u> 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.				
x Nov 9/2023		x 		
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) 585-8688.

## Schedule 1: Designer Information

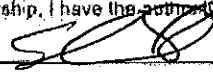
Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

Building number, street name <b>3637 FIRELAND # 12</b>		Unit no.	Lot/con.
Municipality <b>PART COLBYNE</b>	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities:</b>			
Name <b>DINO MADDALENA</b>		Firm <b>NINOMMA SEPTIL INC. + DESIGN INC.</b>	
Street address <b>12751 LAKESHORE RD</b>		Unit no.	Lot/con.
Municipality <b>LURIAKRET</b>	Postal code	Province	E-mail
Telephone number <b>(905) 938-1768</b>	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 checked="" type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
<b>D. Designer Declaration</b>			
I, <u><b>DINO MADDALENA</b></u> declare that (choose one as appropriate)		(print name)	
<input checked="" 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: <u><b>406046</b></u>			
<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			
<u><b>23/11/18</b></u> 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 practice, 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 <b>3873 FIRELANE #10</b>		Unit number	Lot/con
Municipality <b>PORT CARBORNE</b>	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 checked="" 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 <b>EBERLY TRUCKING</b>		BCIN <b>1664</b>	
Street address <b>SHARLSTON ROAD</b>		Unit number	Lot/con
Municipality <b>PORT CARBORNE</b>	Postal code <b>L0S1R0</b>	Province <b>ONT</b>	E-mail
Telephone number <b>905 394 0933</b>	Fax <b>( )</b>	Cell number <b>( )</b>	
D. Qualified supervisor information (where answer to section B is "Yes")			
Name of qualified supervisor(s) <b>MIKE EBERLY</b>		Building Code Identification Number (BCIN) <b>11812</b>	
E. Declaration of Applicant			
I, <u><b>SHAWN SIDER (SIDER BUS. BUILDERS)</b></u> declare that:			
(print name)			
<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.			
OR			
<input checked="" 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.			
I certify that:			
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.			
x Nov 9/2023		x 	
Date		Signature of applicant	

DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

PERMIT #: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

MUNICIPAL ADDRESS OF PROPOSED SYSTEM: 3673 FIRELANE #12 P.C.

OWNER: DIRNE LEON

CONTRACTOR/INSTALLER/HALER: \_\_\_\_\_

LOT #: \_\_\_\_\_ PART LOT #: \_\_\_\_\_ CONC. #: \_\_\_\_\_ PLAN #: \_\_\_\_\_

ROLL #: \_\_\_\_\_

New Construction       Repair/Alteration      Niagara Escarpment File #: \_\_\_\_\_

Other: \_\_\_\_\_

1. Lot Dimensions: 22 m x 79 m Lot Area: 1738 m<sup>2</sup>

2. Use of Building: Existing: RESIDENTIAL After Construction: RESIDENTIAL  
HOUSE TO BE DEMOLISHED

3. Total No. of Dwelling Units in Building: Existing: N/A After Construction: 1

4. Finished Floor Area of Building: Existing: N/A After Construction: 408 m<sup>2</sup>

5. Number of Bedrooms: Existing: N/A After Construction: 4

6. Municipal Sewers Available on Street? NO Municipal Water Available on Street? NO

7. Indicate Water Supply:  Municipal       Well       Cistern

8. Indicate number of plumbing fixture units within building served by sewage system: 50 - INCLUDES

9. Total daily design sanitary sewage flow 4075 litres/day 2 pipe washroom IN GARAGE

10. Site Evaluation

Prepared by D. Maddalena Telephone #: 905-882-1768 Fax #: \_\_\_\_\_

Address: 18751 LAKE SHORE ROAD WHARFLEET

Signature: [Signature]

Date of Evaluation: \_\_\_\_\_

Depth to Bedrock/Hardpan: > 1.5 m Depth to Zone of Soil Saturation (water table): > 1.5 m

Description of Native Soil: SAND Soil Permeability Test: \_\_\_\_\_

11. Description of sewage system: \_\_\_\_\_

- Class 4:
- Absorption Trench  In ground  Raised
  - Filter Bed  In ground  Raised
  - Type A Bed
  - Type B Bed
  - Shallow Buried Trench

Class 5:  Holding Tank

12. Description of Treatment Unit(s): \_\_\_\_\_

- Septic Tank – Manufacturer and Model: WINNAN CONCRETE TANKS  
DIGESTER TANK MODEL AD 127
- BNQ certified OR  Other – Manufacturer and Model: BIFILTER TANK MODEL - WBF-119
- Signed maintenance agreement between homeowner and manufacturer

13. Description of Pump: Head: \_\_\_\_\_ Run: \_\_\_\_\_ HP: \_\_\_\_\_

14. Description of Holding Tank/Alarms: \_\_\_\_\_

- Copy of agreement with licensed sewage hauler provided

**SEWAGE SYSTEM CALCULATIONS**

TEST HOLES SHALL BE FIVE FEET DEEP, OR TO BEDROCK OR WATER TABLE

TEST HOLE - Sub-surface conditions encountered	Rock & G.W.T.	Depth (m)	Soil Type	"T" Time
		- 0 -		
		- 0.25 -		
	G.W.T.	- 0.50 -	SAND	8 m / cm
		- 0.75 -		
		- 1.00 -		
		- 1.25 -		
		- 1.50 -		

Q	=	Total Daily Sewage Flow in Litres
L	=	Length of Distribution Pipe in Metres
T	=	Percolation Time of Soil

**SEPTIC TANK SIZE - Working Capacity of Septic Tank**

Size	=	Q X T	=	_____	Litres
Non-Residential	=	_____ X T	=	_____	Litres

Note: In NO case shall the working capacity of septic tank be less than 3,600 litres

Use of Existing Tank: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	New C.S.A. Standard: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Unit Other than Septic Tank: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No WATERLOG BIOFILTER	Working Capacity: 4500 Litres
Pump Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**ABSORPTION TRENCHES - Length of Distribution Pipe**

L	=	$\frac{Q \times T}{200}$ OR $\frac{Q \times T}{300}$ (if used with tertiary treatment unit)	=	_____	Metres
	=	_____ X _____ + 200 or 300	=	_____	Metres

Note: The total length of distribution pipe shall not be less than 40 metres.  
Fill Material Loading Rate Area requirements apply (unsaturated suitable soil in area of bed and mantle).

_____	=	_____	=	_____	Sq. Metres
Loading Rate [Table 8.7.3.1.]					

FILTER BED - proof of approved material required on site				
If Q is 3,000 litres or less =		$Q \div 75$	=	_____ Sq. Metres
		+		
If Q is more than 3,000 litres =		$Q \div 50$	=	_____ Sq. Metres
		+		
If TERTIARY system is used =		$Q \div 100$	=	_____ Sq. Metres
		$4075 \div 100$	=	<u>42</u> Sq. Metres
Base of Filter Medium - shall extend to a thickness of 250 mm over the following area:				
AREA	=	$\frac{Q \times T}{850}$		
		$\frac{4075 \times 8}{850}$	=	<u>39</u> Sq. Metres
Note: "T" is the Percolation Time of the underlying Native Soil Fill Material Loading Rate Area requirements apply (unsaturated suitable soil in area of bed and mantle)				
$\frac{Q}{\text{As per loading rate in Table 8:7.4.1}}$	=	$\frac{4075}{10}$	=	<u>408</u> Sq. Metres

TYPE 'A' BED - TERTIARY DESIGN (TO BE USED WITH CAN/BND APPROVED TREATMENT UNIT ONLY)				
STONE LAYER: If Q is 3,000 litres or less		$Q \div 75$	=	
STONE LAYER: If Q is 3,000 litres or more		$Q \div 50$	=	
SAND LAYER If existing soil is $T \leq 15$ min or less, use:		$\frac{Q \times T}{850}$	=	
		$\frac{4075}{850}$	=	
SAND LAYER If existing soil is greater than $T = 15$ min, use:		$\frac{Q \times T}{400}$	=	
		$\frac{4075}{400}$	=	
Must extend sand mantle minimum of 15 m in direction of flow				

SHALLOW BURIED TRENCHES - LENGTH OF DISTRIBUTION PIPE (L)				
In soil < 1 - < 20 minutes	$L = \frac{Q}{75}$	=	_____	_____ Metres
In soil 20 - 50 minutes	$L = \frac{Q}{50}$	=	_____	_____ Metres
In soil 50 - 125 minutes	$L = \frac{Q}{30}$	=	_____	_____ Metres
(Total Length of pipe shall not be less than 30 metres and "T" time of soil NOT to exceed 125 minutes)				



## SEWAGE SYSTEM DESIGN – SITE PLAN

Owner: DIANE LEON

Address: 3637 FIRELANE #10 PURT CULBORNE  
(Street) (City/Town/Twp) (Postal Code)

Designer: NIAGARA SEPTIC INSPECTION & DESIGN INC.

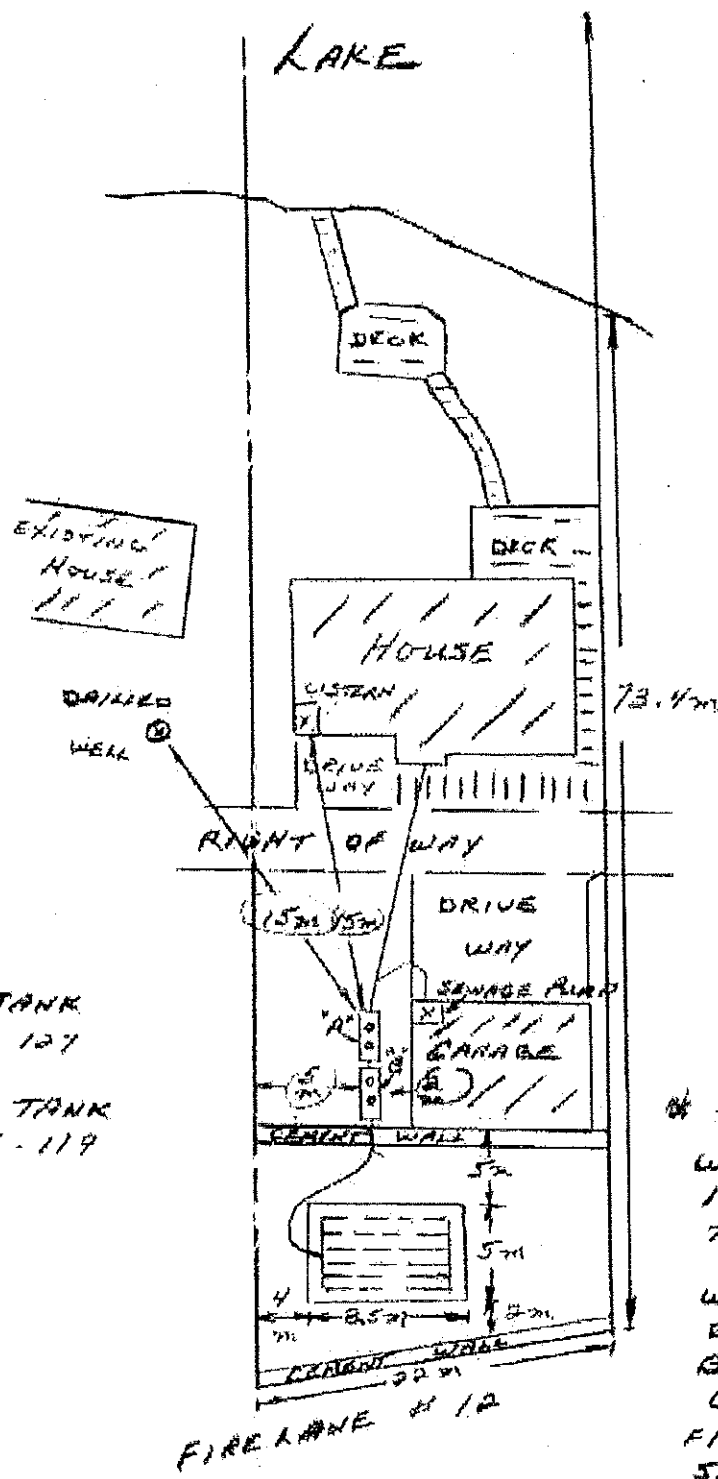
- Outline property with all dimensions – include setbacks from existing/proposed dwelling and bed area, property line, all structures, wells and cisterns (including neighbours), water courses/wetland areas
- Include details of sewage system (dimensions of bed/mantle, tank location(s), pump chamber).
- Include cross-section design for raised systems – indicate existing grade, depth of material.
- Indicate existing or proposed driveways, easements, right-of-ways, drainage patterns.
- Measurements must be in metric (not to scale).

### Three Stages of Inspections Required:

- 1) Prior to construction, grading and scarifying before addition of fill.
- 2) Inspection of fill prior to backfilling (proof of approved fill material to be submitted).
- 3) Final grading – filter bed systems require topsoil on top and sides and bed to be sodded/seeded prior to issuance of Use Permit.

SEE DRAWINGS  
ATTACHED

**ANY CHANGES TO APPROVED DESIGNS MUST BE REVIEWED AND APPROVED BY THE NIAGARA REGION PLANNING & DEVELOPMENT DEPARTMENT PRIOR TO CONSTRUCTION.**

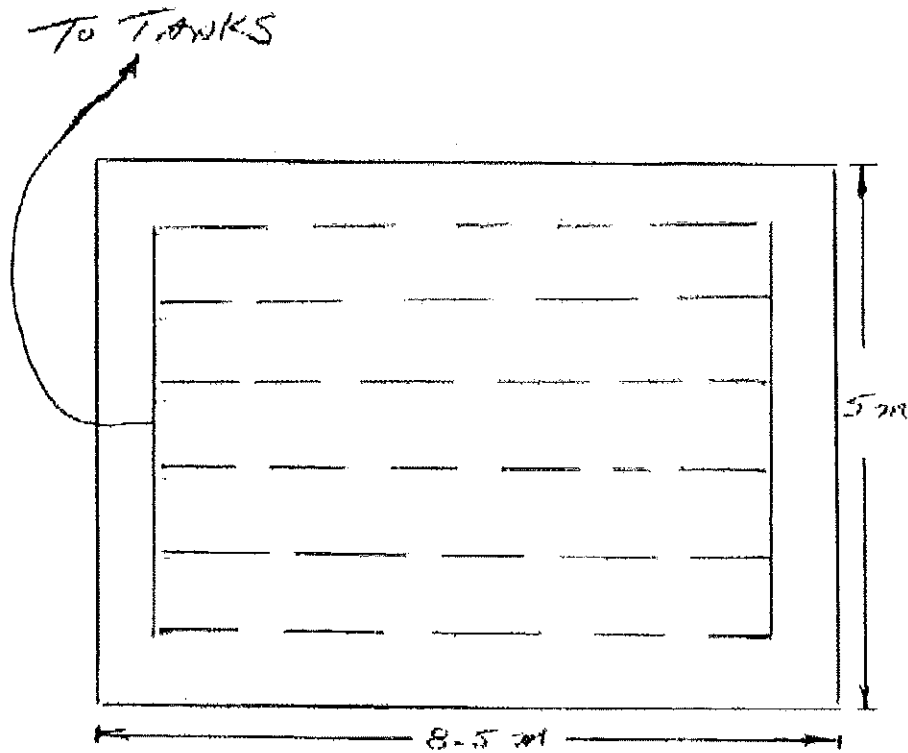


"A" DIGESTER TANK  
MODEL AD-127

"B" BIOFILTER TANK  
MODEL WBF-119

\* THE CEMENT WALLS AND THE INFILLING OF THE AREA BETWEEN THE WALLS MUST BE DONE AT THE BEGINNING OF THE CONSTRUCTION. FILL MUST BE ALL SAND AND COMPACTED EVERY 10 INCHES

FIRE LANE # 12



STONE BED IS 8.5 m x 5 m  
 6 ROWS - 3 INCH PIPE - 23 FEET  
 LONG - 2.5 FOOT SPACES

