Town of Innisfil

Community Development Standards Branch
2101 Innisfil Beach Road
Innisfil, Ontario
L9S 1A1

705-436-3710

Building Permit Requirements

Septic System

The following information is required at submission. Complete submissions can be processed within 10 business days.

Building Permit Application Package

1.	Со	mpleted building permit application consisting of:
		Schedule 1: Designer Information Schedule 2: Sewage System Installer Information Schedule 3: Design Specifications (to be completed by Designer) "Owner's Authorization for Agent to Make an Application", if applicable Conservation Authority approval, if applicable
2.	On	e (1) copy of plans and specifications drawn to scale which must include:
		Site plan ☐ Dimensions of the lot (length and width) ☐ Location and dimensions of the septic system including loading area and 15m mantle ☐ Location and size of proposed and existing buildings, decks or pools ☐ Location of wells (including neighbouring wells), easements, (hydro, right-of-way, etc.), and driveways ☐ Topographical features including slope and direction of flow ☐ Clearance distances, per OBC, from septic system to wells, structures, property lines, lakes, streams, ponds, rivers, or springs Cross Section Plan
		 □ Design of sewage system including dimensions and elevations in relation to existing grade □ Depth to bedrock and/or water table □ Dimensions of septic system and description of material to be used □ Mantle soil/fill properties Granular Analysis – qualified testing location analysis of native and imported materials prior to
	<u> </u>	installation inspection Calculations - provide design criteria, fixture unit count and septic system calculations Maintenance Contract - as per the BMEC ruling for the tertiary system
Appli	cati	ons are submitted through <u>Cloudpermit</u> - an online system to apply and track building permits, make

Fees & Issuance

1. A non-refundable application fee is due at the time of application submission. The application fee will be credited to your total amount due prior to permit issuance.

payments, request inspections, and receive email updates on the building permit process.

2. The balance of fees are due before the permit can be issued. You will receive a notification with your total and payment instructions. Once all fees are paid, the permit will be issued in <u>Cloudpermit</u>.

Note: Fees are charged in accordance with the Town's Fees and Charges By-law, and are subject to change.

General Building Inquiries: buildingpermit@innisfil.ca 705-436-3710

Owner's Authorization for Agent to Make an Application



Town of Innisfil Building Department 2101 Innisfil Beach Road, INNISFIL, ON L9S 1A1

> Tel: 705-436-3710 1-888-436-3710 Fax: 705-436-7120

Date:	Permit No.:
Proposed Work:	
Location:	
The undersigned, being the owner(s) of the	above referenced property, authorizes
Applicant Name	Address
to apply for a permit for the above reference responsible for the terms of the conditions of	ed project on my behalf. I understand that I shall be contained in the permit.
(If owner is an INDIVIDUAL)	
Owner's Name	Address
Owner's Signature	Phone No. / E-Mail
(If owner is a CORPORATION)	
Owner's Name	Address
Name of Authorizing Officer	Phone No. / E-Mail
Signature of Authorizing Officer (I have aut	thority to bind the Corporation)

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 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. of **Division C1** HVAC - House **Building Structural** House Small Buildings **Building Services** Plumbing - House Large Buildings Detection, Lighting and Power Plumbing - All Buildings Complex Buildings On-site Sewage Systems Fire Protection Description of designer's work **Declaration of Designer** declare that (choose one as appropriate): (print name) 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: 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: 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.

NOTE:

Date

- 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.

Signature of Designer

Schedule 2: Sewage System Installer Information

A. Project Information								
Building number, street name			Unit number	Lot/con.				
Municipality Postal code		Plan number/ other descr	ption					
B. Sewage system installer								
Is the installer of the sewage system engagemptying sewage systems, in accordance Yes (Continue to Section C)	e with Building Co		ervicing, cleaning or unknown at time of on (Continue to Section E)					
C. Registered installer informatio	n (where answ	er to B is "Yes")	•••	,				
Name	ii (Wilere allow		BCIN					
Street address			Unit number	Lot/con.				
Sileet address			Offichamber	LOI/COIT.				
Municipality	Postal code	Province	E-mail					
Telephone number	Fax		Cell number					
D. Qualified supervisor information	on (where ansv	ver to section B is "Yes"	')					
Name of qualified supervisor(s)		Building Code Identification	Number (BCIN)					
E. Declaration of Applicant:								
1	I declare that:							
(print name)								
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								
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	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.								
Date Signature of applicant								

	age System 🛛	Resider	ntıal					mercial		
	w Install		□ Replacement				□ Repair/Alteration			
Proposed Type of Sewage System										
□ CLASS 2 −	Greywater System		[CLASS 3	3 — (Cesspo	ol			
	Leaching Bed Syste	em		CLASS 5				nk		
Building Inforn	nation									
Plumbing Fixt	ures									
Description		Existing	+	Proposed	=	Total	Χ	Fixture	=	Count
								Units		
Example; Sink		0	+	1	=	1	Х	1.5	=	1.5
Bathroom Grou	up –		+		=		Х	6	=	
Toilet/Sink/Sho	wer									
Sinks/Wash Ba	asins		+		=		Х	1.5	=	
Bathtub/Showe	ers		+		=		Х	1.5	=	
Toilets (flush ta			+		=		Х	4	=	
Dishwasher	,		+		=			1.5	=	
	/ashing Machine		+		=		Х	1.5	=	
Other:	raoriirig iviaoriirio		+		_		Х	1.0	=	
Othor.				TC	ΤΔ	I FIXT		E UNITS	=	
					,,,		<u> </u>		_	
FINIOUED ELO	OD ADEA			2						
FINISHED FLO	OR AREA =			m-						
Design Flow Ca	alculations (Q)									
BEDROOM FL										
	# of Bedrooms	Volume		Total Flow						
	" or Boardonie	(Litres)				DESIGN FLOW "Q"				
	1 Bedroom	750								
A	2 Bedrooms	1100				Q = A	+ (B or C or I))	
	3 Bedrooms	1600								
	4 Bedrooms	2000				A =				
ADDITIONAL	5 Bedrooms	2500				B =				
ADDITIONAL I		T 500				_				
В	Each Bedroom	500				C =				
	over 5 OR *	400				D				
	Each 10m ² over	100				υ =				
	200m ² - 400m ²					EVDE	οт.		Ь	CION
С	Each 10m ² over	75				EXPECTED DAILY DESIGN				
	400m ² - 600m ²					SEWAGE FLOW (Q) = Liters Per Day				
	Each 10m ² over	50						Liter	s P	er Day
	600m ² OR *									
D Each Fixture over 50										
20 Fixture Units										
Septic Tank Siz	Septic Tank Size (Working Capacity) New Existing Replacement									
Proposed/Existi	ng Working Capacit	y =			Litr	es (2)	x Q	for Resid	enti	al)

Percolation Rate (T)											
A percolation test or a sieve analysis must be completed on the property that the proposed											
septic system	is to be insta										
Percolation T	est Complete	ed? \	Yes -								
		- <u></u> -	No (sieve a	analysis of r	native	S	oil M	IUST be co	mpleted	
			a	and att	ached to pe	ermit a	apı	plica	ation)		
*** Requirements for "Percolation Test Procedure" are attached.											
Perd	colation Rate	of Native So	il		Perd	colatio	n	Rate	e of Importe	d Soil	
T :	=	min/cm			Т				min/	cm	
Test Pit											
A test pit sho	uld be dug at	the location	of th	e prop	osed leachi	ng be	ed	to o	bserve subs	soil profile	
and groundw	ater condition	ns. Test pits s	shoul	ld be a	n minimum c	of 1m	wi	de a	and 1.5m de	ер.	
Soil Type	Coarse	Gravel,	Crox	(al	Sand,	San	dv.	,	Silty-	Clay	
Son Type	Gravel,	, , , , , , , , , , , , , , , , , , ,	Gravel-		Fairly	Sandy-			Loam,	Smears	
	No Fines		Sand Mix,		Uniform,	Mix	Loam		Almost	Well,	
	INO FILLES		Some		Some	IVIIX				Rolls into	
			Fines		Fines				Clay	Ribbons	
Percolation	0 to 1		5 to		10 to 15	15 to	5 to 25		25 to 50	>50	
	1 0 10 1	1 10 5	5 10	10	10 10 15	15 (15 10 25		25 10 50	>50	
Rate (T)											
Soil	Soil Type	Percolatio	n		Depth of		ı				
Depth	(See					k/Impervious			Topsoil to be removed:		
(meters)	Above)				Groundwater			Depth: m			
1 ` '				table Usable Existing Soil:							
0.2			table				pth:				
0.2					De	pui	111				
0.4							Ex	cavation of	Existing		
0.8								So		•	
1.0					Depth:			m			
1.2			-						ported Fill:		
-									pth:		
1.4							Į				
1.6		1									

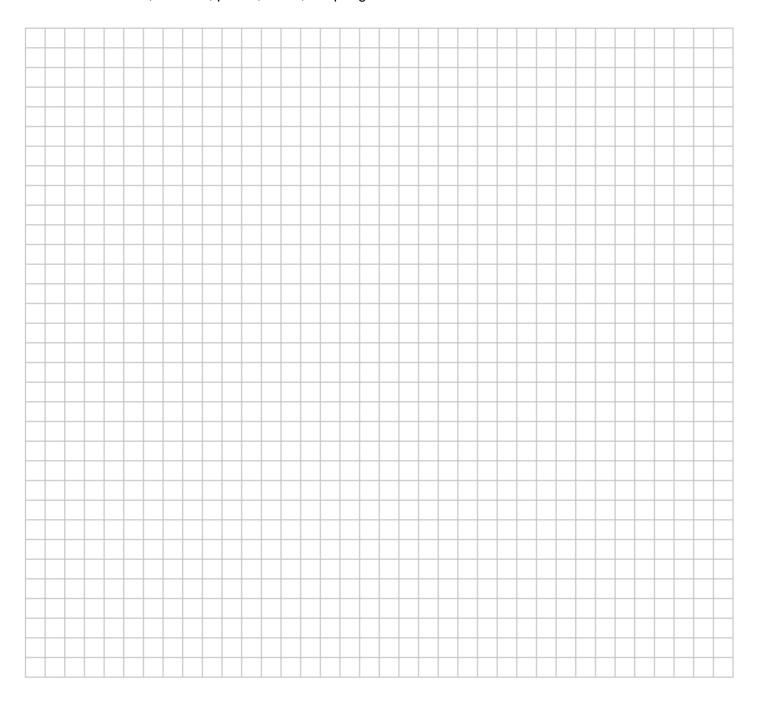
ABSORPTION TRENCH	□ In-ground	□ Raised	□ Partially Raised
Length of Distribution P	Pipe:		
$L = \frac{Q \times T}{200}$		L =	m
FILTER BED	□ In-ground	□ Raised	□ Partially Raised
Effective Area:	J		, ,
If Q ≤ 3000L A =	Q/75	Effective Area =	m²
If Q > 3000L A =	Q/50	Effective Area =	m²
Extended Contact Area	<u> </u>		
A = <u>Q x T</u> 850		xtended Contact Area = _	m²
MANTLE/LOADING AI	RFA		
Perc	Fill-Based Trench	Rates (LR) es and Filter Beds 4.1. A OBC) Loading Rates (L/m²/day) 10 8 6 4	
Loading Area =	Q/LR	Loading Area =	m ²

BMEC Approved Trench System or Treatment Unit							
Manufacture:	BMEC #:						
Model Number:							
Please Provide Calculations Below.							

SEWAGE SYSTEM SITE PLAN

A site plan is required and must contain the following information:

- Dimensions of the lot (length and width)
- Location & dimensions of the septic system including loading area and 15m mantle
- Location and size of proposed & existing buildings, decks, or pools
- Location of wells (including neighbouring wells), easements(hydro, right of way etc.) & driveways
- Topographical features including slope and direction of flow
- Clearance distances as per OBC from septic system to wells, structures, property lines, lakes, streams, ponds, rivers, or springs



SEWAGE SYSTEM CROSS SECTION

A cross section is required and must contain the following information:

- Design of the sewage system including dimensions and elevations in relation to existing grade
- The depth to bedrock and/or water table
- Dimensions of septic system and description of material to be used
- Mantle soil/fill properties

