

Building Services 80 Gore Street East Perth, ON K7H 1H9 613-267-3311 Ext 2222 buildingadmin@perth.ca

ON-SITE SEWAGE SYSTEM APPLICATION CHECKLIST FOR REVIEW OF PERFORMANCE LEVEL OF AN EXISTING ON-SITE SEWAGE SYSTEM

All applications will require the bolded items listed below. 1) Fee payment (cash, debit, cheque, or credit card) 2) Completed Review of Performance Level application package: a) Attached Forms (as applicable) b) Existing and proposed Daily Design Sewage Flow (Schedule 1) c) Plot/site plan showing distances from all lot lines, high water mark, overhead power lines and all buildings (Schedule 2) d) Floor plan layout of all floors of the dwelling labelled as to what the use is (i.e.: bedroom, kitchen) and listing the type of plumbing fixture(s) per room (i.e.: sinks, toilets, tubs/showers, etc.). 3) Conservation Authority, MNR, or MOE approvals (where applicable) 4) A separate calculation page will be required if the sewage system includes non-residential occupancies Copy of Tax bill or Deed (proof of land ownership) if property ownership recently changed hands 6) Survey of property (upon request) PROJECT LOCATION: Civic Address The reason for the review of performance level of the existing on-site sewage system is: MINOR VARIANCE APPLICATION #: Bedrooms **BUILDING ADDITION** Plumbing fixtures Living space CHANGE OF USE or OCCUPANCY: Residential to Non-Residential Non-Residential to Other Non-Residential

Complete applications may be submitted electronically as a PDF to buildingadmin@perth.ca; pictures not accepted, or mail/drop off application to the Municipal office.



Application for Review of Performance Level of an Existing On-Site Sewage System

For Office Use Only					
Application number:		Permit number:			
Date received:		Roll number:			
Application submitted to:	Town	of Perth			-
A. Address of existing on-site sewage system:					
Civic #, Street name, Town:					
Municipality:		Province: ON Postal Code:			
B. Applicant information:					
Last name:	Corporation or partnership:			tnership:	
Civic #, Street name, Town:					Unit #:
Municipality:	Postal code:	Province:	E-mail:		
Phone #:		Cell #:			
C. Owner (if different from application)	ant):				
Last name:	First name:			Corporation or part	tnership:
Civic #, Street name, Town:					Unit #:
Municipality:	Postal code:	Province:	E-mail:		
Phone #:		Cell #:			
D. 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. I have the authority to bind the corporation or partnership (if applicable).					
3. Permission is hereby granted to the relevant staff to enter the premises subject to this application for the purposes of making inspections associated with this application, during normal and reasonable working hours.					
Date	Si	ignature of appli	 cant		

Schedule 1: Design Criteria

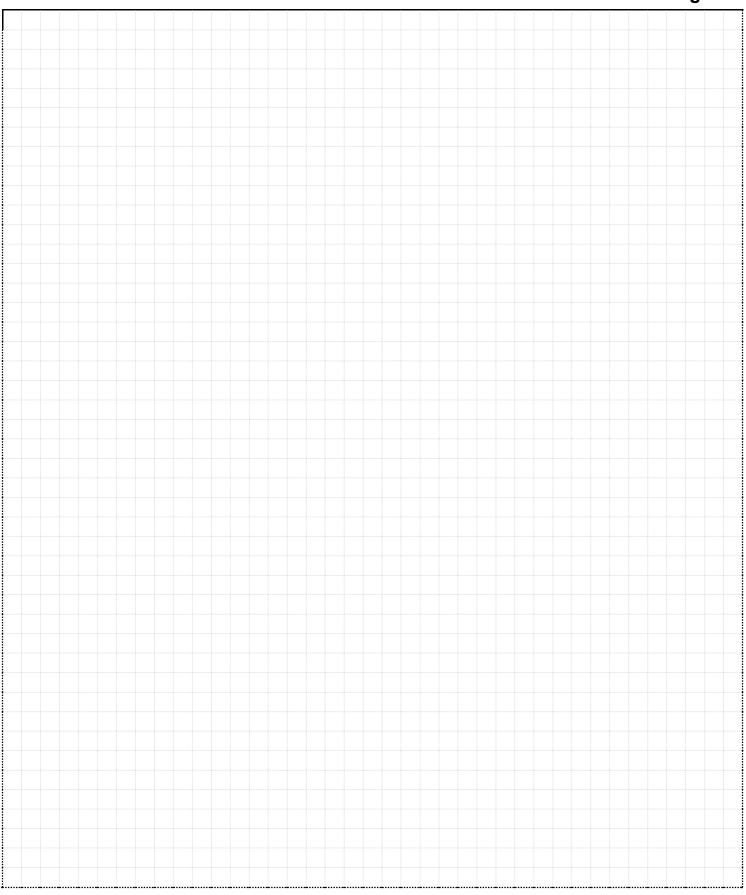
	DWELLING			OTHER:				
DESCRIPTION	Total # of Existing	Total # of Proposed	# UNITS PER FIXTUR	TOTAL FIXTURE UNITS	Total # of Existing	Total # of Proposed	#UNITS PER FIXTURE	TOTAL FIXTURE UNITS
Bathroom group – 3 piece (toilet, sink, tub/shower)			x 6.0 =				x 6.0 =	
Additional toilet			x 4.0 =				x 4.0 =	
Bathtub or shower			x 1.5 =				x 1.5 =	
Additional sinks			x 1.5 =				x 1.5 =	
Kitchen sink			x 1.5 =				x 1.5 =	
Dishwasher			x 1.0 =				x 1.0 =	
Clothes Washer			x 1.5 =				x 1.5 =	
Laundry tub			x 1.5 =				x 1.5 =	
Other:			x =				x =	
FIXTURE UNITS	Total:			al:	Total:			
FINISHED FLOOR AREA m ²	Existing	Proposed	To	tal	Existing	Proposed	Tota	l
# OF BEDROOMS			T	otal:			Tota	al:

DESIGN FLOW CALCULATION TABLE				
	Residential Occupancy		Volume (L)	Flows
	1 bedroom dwelling		750	
(A) Bedroom flow	2 bedroom dwelling		1100	
	3 bedroom dwelling		1600	
	4 bedroom dwelling		2000	
	5 bedroom dwelling		2500	
(B) Extra bedroom flow	Each bedroom over 5,		500	
	Each 10 m² (or part thereof) over 200 m² up to 400 m²,		100	
(C) Living area flow	Each 10 m ² (or part thereof) over 400 m ² up to 600 m ² , and		75	
	Each 10 m² (or part thereof) over 600 m², or		50	
(D) Fixture count flow	Each fixture unit over 20 fixture units		50	

Daily Design Sewage Flow, Q =_	liters/day A + (B or C or D)

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Schedule 2: Site Plan Diagram





LETTER OF AUTHORIZATION

<u>Property Owner Contact Information (Complete all):</u>	
Owners	
Name:(Name of Corporation or Partnership if applicable)	(Name of the person signing this authorization and who, if applicable, has authority to bind the Corporation or Partnership)
Owners mailing Address:	,
Owners Phone No:	Owner Email:
Authorized Agent Information (Complete all):	
Agents Name:	
Name:(Name of Corporation)	(Name of Primary Contact)
Agents mailing Address:	
Agents Phone No:	Agents Email:
Project Location and Description	
Project Civic Address:	in the Town of Perth, Ont.
Project Description:	
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Property Owners Declaration to Authorize Agent	
To the Chief Building Official;	
I the undersigned, as registered property owner of the a submit, amend and execute a building permit on our be	above noted property, authorize the agent named above to chalf for the project described in this letter.
I understand that the property owner remains ultimately accordance with the Building Code, as amended.	responsible for ensuring that the project is completed in
Furthermore, for the purposes of the Freedom of Informany information that is collected under the Building Codagencies for the purposes of processing this application	de Act and the Building Code, as amended, to required
Signature	Date