

BUILDING DIVISION SEPTIC SYSTEM APPLICATION / INFORMATION PACKAGE

THIS APPLICATION CONTAINS THE FOLLOWING REQUIRED DOCUMENTS:

- Application for a permit to construct or demolish (revised January 1, 2014)
- Schedule 1 and 2
- Sewage Permit Worksheets (3 pages)
- Current Soil Report

Please note:

- A sewage system is a “building”
- If you (the installer/builder) are completing the application, you are considered the applicant/authorized agent of the owner
- Use **Schedule 1: Designer Information ONLY** if the sewage system is designed by someone other than the owner or sewage system installer (i.e. Engineering or design firms)
- **A designer is REQUIRED** to have passed the required sewage and legal Ministry Exams, carry the legislated insurance and be registered with the Ministry
- Licensed sewage system installers CAN design systems which they install
- If the installer changes, a revised permit must be submitted to the Building Division
- **Schedule 2: Sewage System Installer Information** must always be submitted with the application

For further information, please contact the Norfolk County Building department at one of the following locations. Blank Permits are also available at both locations and on the Norfolk county website. www.norfolkcounty.ca

Simcoe Office
185 Robinson Street
Suite 200
Simcoe ON N3Y 5L6
(519) 426-5870 ext. 6016
(519) 427-5901 fax

Langton Office
22 Albert Street
Langton ON N0E 1G0
(519) 875-4485
(519) 875-4789 fax

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

For use by Principal Authority			
Application number:	Permit number (if different):		
Date received:	Roll number:		
Application submitted to: _____ (Name of municipality, upper-tier municipality, board of health or conservation authority)			
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 ()	