



Administration Office
 1024 Hurlwood Lane
 Severn, Ontario
 L4V 0Y3

Septic Change of Use Application

1. For projects relating to residential houses complete sections A to H inclusive.
2. For all other projects, provide calculations as per Division B, Table 8.2.1.3.B. of the Ontario *Building Code*, as amended.

Office Use Only	
Application number:	Permit #:
Date received:	Roll number: 4351-

A. Project information	
Building number, street name	Unit number
City/Town/Province	Legal Description
Project value est.\$	Area of work (m ² /ft ²)

B. Reason for Change of Use (eg. adding bathroom, bedroom, finishing basement, etc.)

C. Applicant	
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner (letter of agent required)	
Last name	First name
Corporation or partnership	
Street Address	
Unit number	
City/Town/Province	Postal Code
Fax number	
Phone number	Extension
Cell number	Email address

D. Owner (if different from applicant)	
Last name	First name
Corporation or partnership	
Street Address	
Unit number	
City/Town/Province	Postal Code
Fax number	
Phone number	Extension
Cell phone number	Email address

E. Dwelling Status									
Numbers below (sections F and G) must include all dwelling units connected to the septic system.									
F. Summary of Changes to Dwelling									
Area measured in <input type="checkbox"/> M2 <input type="checkbox"/> Ft2									
Dwelling Areas	Existing			Adding			Total after changes		
<i>Number of bedrooms:</i>									
<i>1st Floor area:</i>									
<i>2nd Floor area:</i>									
<i>3rd Floor/Loft area:</i>									
<i>Other, please specify</i>									
<i>Total areas</i>									
G. Summary of Changes to Dwelling - Plumbing									
Record number of plumbing fixtures in chart below (include all rough-in plumbing)					For Office Use only				
Description of Fixture	Number of groups/fixtures			=	Total Proposed Groups/fixtures	x	Fixture Units	=	Total Fixture Unit Count
	Existing	+	Added						
2 pc Bathroom group (eg. 2 plumbing fixtures)		+		=		x	5.5	=	
3 pc Bathroom group (eg. 3 plumbing fixtures)		+		=		x	6	=	
4 pc Bathroom group (eg. 4 plumbing fixtures)		+		=		x	7.5	=	
5 pc Bathroom group (eg. 5 plumbing fixtures)		+		=		x	9	=	
Tub or 1-head shower - for pet (ea)		+		=		x	1.5	=	
bidet (ea)		+		=		x	1	=	
dishwasher (ea)		+		=		x	1	=	
laundry tub/utility sink (ea)		+		=		x	1.5	=	
kitchen/pantry/bar sink (ea)		+		=		x	1.5	=	
washing machine (ea)		+		=		x	1.5	=	
Other:		+		=		x		=	
Totals:									

H. Other related information		
Additional Appliances: <input type="checkbox"/> Water Filter <input type="checkbox"/> Water Softener Do they backwash into septic <input type="checkbox"/> Yes <input type="checkbox"/> No		
Water Source <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Communal Well <input type="checkbox"/> Other, pls specify:		
Attach Septic Use Permit and two copies of detailed floor plan showing proposed work.		
I. Declaration		
<p>1. I agree to comply with the provisions of Municipal Building and Zoning By-laws and any amendments thereto. I further agree that neither the granting of a permit, nor the approval of the drawings and specifications, nor the inspection made by the authority having jurisdiction during the work on the building shall in any way relieve me from full responsibility for carrying out the work in accordance with the Ontario Building Code and the Regulations thereunder.</p> <p>2. I hereby certify that I have knowledge of the particulars contained in the foregoing statements and I solemnly declare that the same are in every respect, fully and truly stated to the best of my knowledge and belief, as if may under, and by virtue of, The Canada Evidence Act.</p>		
_____	_____	_____
<i>Print name</i>	<i>Signature of Owner or Authorized Agent</i>	<i>Date</i>
I. For Office Use Only		
<p>Septic Change of Use is:</p> <p><input type="checkbox"/> Granted as proposed <input type="checkbox"/> Granted with conditions noted below <input type="checkbox"/> Not granted,; reasons noted</p>		
Notes:		
_____	_____	_____
<i>Print name</i>	<i>Signature of Inspector</i>	<i>Date</i>