

Building Services Telephone: (613)392-2841

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Application for a Review of Sewage Disposal System Requirement for: Building Additions Repoyations and Additional Buildings

Building Additions, Renovations, and Additional Buildings	
OFFICE USE ONLY	
Application number:	Permit number (if different):
Date received:	Roll number:
Application submitted to: City of Quinte West (Name of municipality, upper-tier municipality, board of health or conservation authority)	
(Name of municipality, upper-tier municip	ality, board of fleatiff of conservation authority)
Owner:	Tel. no.:
Mailing address:	
Township lot #: Concession #:	Township
Plan #: Sub lot#: Lot size: Civic	(emergency, fire 911) or roll #:
Street:	
Type of building:(single family dwelling, season	and dwelling type of husiness)
Type of building: (single family dwelling, seasonal dwelling, type of business) Water supply: drilled well (depth of casing metres)	
dug or bored well other Describe proposed changes: (draw diagram on reverse)	
Existing	sewage disposal system
What type of sewage system is servicing premises?	
What year was the system installed? Owner at	time: File Number:
	r existing system. If the record of your sewage system is not available and if
	ot up to Code and a new system will be required. Alternatively, the applicant
many engage the services of an yengineer or a registered and qualified designer to conduct a study on the sewage system for which a permit does not exist. If the system is found to meet all the requirements of the Ontario Building Code, the existing system may be accepted. Contact your Sewage	
System Inspector to discuss further. A decrease in the "performance level" compensating construction (upgrading).	beyond the capacity of any component in the system would require
Existing Use	
STATE THE NUMBER OF:	
	aundry Toilets Kitchen Hot Tubs * Swimming Water
	Units Sinks Pools* Treatment Devices*
TOTAL AREA OF LIVING SPACE ON PROPERTY (includes guest cabin *NOTE: these items should not drain water to a sewage disposal system.	s, bunkies, etc.): m²
Proposed Use	
STATE THE NUMBER OF:	
	aundry Toilets Kitchen Hot Tubs * Swimming Water Jnits Sinks Pools* Treatment Devices*
TOTAL AREA OF LIVING SPACE ON PROPERTY (includes guest cabin *NOTE: these items should not drain water to a sewage disposal system.	s, bunkies, etc.): m²

LOT DIAGRAM AND SEWAGE SYSTEM PLAN

(Show all structures and well locations, dimension and separation distances for what is existing and proposed.)	
DIRECTIONS TO PROPERTY	
(Show Highway No., Secondary Road, Signs to Follow, Landmarks, 911 Address, Etc.)	