

## Sewage System Capacity Review

When enlarging or renovating a home/cottage, adding additional structures with living area/ fixtures/bedrooms (i.e. bunkie or boathouse) or changing the use of a property, it is the property owner's responsibility to ensure that the existing sewage system can accommodate a potential increase in daily design sewage flow. This application can accompany a building permit application or may be submitted prior to plans being commissioned or submitted to Seguin Township Building Department.

The applicant must submit the required fee payment, a copy of the attached application, previously issued sewage system permit(s) (Certificate of Approval / Sewage System Building Permit) and completion certificate(s) (Use Permit/Notice of Completion) for the existing sewage system(s). Any other previous relevant documents such as an existing capacity review report should also be attached.

If the applicant does not have a copy of the permit or completion certificate for the sewage system, the municipality will perform a record search and provide additional direction when necessary.

If permits or completion certificates are not available for the sewage system, a detailed report from a licensed/qualified (BCIN holder) professional may be deemed acceptable if sufficient information is provided to carry out the assessment.

Please note, this is a capacity review only and does not certify that the tank and bed are fully functioning in their intended manner - any subsequent malfunction or overloading of the sewage system may result in the need to upgrade your sewage system to the standard and provisions as set out in the Ontario Building Code (OBC).

Setback clearances are not subject to the Capacity Review. By submitting the application the owner and/or applicant certify that the entire system meets Part 8 of the OBC's minimum clearance requirements to all existing and proposed structures on the property - See 8.2.1.4., 8.2.1.5. & 8.2.1.6. for further information.

# Sewage System Capacity Review



Property Address: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

|  | DWELLING #1 |                | BOATHOUSE |                | SLEEPING CABIN |                | Other: _____ |                | # UNITS PER FIXTURE | FIXTURE UNITS  |
|--|-------------|----------------|-----------|----------------|----------------|----------------|--------------|----------------|---------------------|----------------|
|  | Existing    | Proposed       | Existing  | Proposed       | Existing       | Proposed       | Existing     | Proposed       |                     |                |
| Bathroom group<br>(toilet, sink, tub/shower) |             |                |           |                |                |                |              |                | x 6 =               |                |
| Additional toilet                            |             |                |           |                |                |                |              |                | x 4 =               |                |
| Bathtub or shower(*)                         |             |                |           |                |                |                |              |                | x 1.5 =             |                |
| Additional sinks(**)                         |             |                |           |                |                |                |              |                | x 1.5 =             |                |
| Kitchen sink(**)                             |             |                |           |                |                |                |              |                | x 1.5 =             |                |
| Dishwasher                                   |             |                |           |                |                |                |              |                | x 1 =               |                |
| Washing machine                              |             |                |           |                |                |                |              |                | x 1.5 =             |                |
| Laundry tub                                  |             |                |           |                |                |                |              |                | x 1.5 =             |                |
| Other: _____                                 |             |                |           |                |                |                |              |                |                     |                |
| <b>FIXTURE UNITS</b>                         |             |                |           |                |                |                |              |                | Total:              |                |
| <b>Finished floor area</b>                   |             | m <sup>2</sup> |           | m <sup>2</sup> |                | m <sup>2</sup> |              | m <sup>2</sup> | Total:              | m <sup>2</sup> |
| <b># OF BEDROOMS</b>                         |             |                |           |                |                |                |              |                | Total:              |                |

\* Tub/shower combos count as 1.5 units

\*\* Sinks whether double (i.e. his & hers with a common trap) or single count as 1.5 units

**NOTE:**

If there are existing fixtures, floor area or bedrooms to be removed, please indicate this by putting minus (-) in the proposed section. Example: 4 Existing – 2 Proposed, Total = 2.

**Describe proposed plans:**

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**DECLARATION OF APPLICANT**

I \_\_\_\_\_ understand that it is my responsibility to ensure  
(print name)

that the information provided is true and accurate and that the Township of Seguin will not be held responsible for incorrect information provided to it by an applicant.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

**NOTE:**

**If the person signing the application is not the owner; a signed letter from the owner authorizing the person to act on the owner's behalf must accompany the application.**