

Committee of Adjustment Application to Planning Department

Complete Application

A complete Committee of Adjustment application consists of the following:

1. A properly completed and signed application form (signature must on original version);
2. Supporting information adequate to illustrate your proposal as listed in **Section H** of this application form (plans are required in paper copy and digital PDF format);
3. Written authorization from all registered owners of the subject lands where the applicant is not the owner as per Section N; and,
4. Cash, debit or cheque payable to Norfolk County in the amount set out in the Norfolk County User Fees By-Law.

Planning application development fees are not required with the submission of your completed and signed development application. Your planning application fee will be determined by the planner when your application has been verified and deemed complete. Prepayments will not be accepted.

5. Completed applications are to be mailed to the attention of **Secretary Treasurer – Committee of Adjustment**: 185 Robinson Street, Suite 200, Simcoe, ON N3Y 5L6 or email your application committee.of.adjustment@norfolkcounty.ca. Make sure submissions are clearly labelled including address, name, and application type. Failure to do so may impact the timing of your application.

The above listed items are required to ensure that your application is given full consideration. An incomplete or improperly prepared application will not be accepted and may result in delays during the processing of the application. This application must be typed or printed in ink and completed in full.

Please review all of the important information summarised below.

Before your Application is Submitted

A pre-consultation meeting is not usually required for Committee of Adjustment applications; however, discussion with Planning Department staff prior to the submission of an application is **strongly encouraged**. The purpose of communicating with a planner **before** you submit your application is: to review your proposal / application, to discuss potential issues; and to determine the required supporting information and materials to be submitted with your application before it can be considered complete by staff. You might find it helpful to retain the services of an independent professional (such as a registered professional planner) to help you with your application. Information about the Official Plan and Zoning By-law can be found on the County website: www.norfolkcounty.ca/planning

After Your Application is Submitted

Once your payment has been received and the application submitted, in order for your application to be deemed complete all of the components noted above are required.

Incomplete applications will be identified and returned to the applicant. The *Planning Act* permits up to 30 days to review and deem an application complete.

Once your application has been deemed complete by the Planning Department, it is then circulated to public agencies and County departments for review and comment. A sign is also provided that is required to be posted on the subject lands that summarizes the application and identifies the committee meeting date. The comments received from members of the community will be included in the planning report and will inform any recommendations in relation to the application.

If the subject lands are located in an area that is regulated by either the Long Point Region Conservation Authority or by the Grand River Conservation Authority an additional fee will be required if review by the applicable agency is deemed necessary. A separate cheque payable to the Long Point Region Conservation Authority or the Grand River Conservation Authority is required in accordance with their fee schedule at the same time your application is submitted.

Additional studies required as part of the complete application shall be at the sole expense of the applicant. In some instances peer reviews may be necessary to review particular studies and that the cost shall be at the expense of the applicant. The company to complete the peer review shall be selected by the County.

If the application is withdrawn prior to the circulation to commenting agencies, the entire original fee will be refunded. If withdrawn after the circulation to agencies, half the original fee will be refunded. No refund is available after the public meeting and/or approval of application.

Notification Sign Requirements

Planning Department staff may post a notification sign on your property in advance of the public meeting on your behalf. Please keep this sign posted until you have received a notice in the mail indicating that the Secretary Treasurer received no appeals. However, it is the applicant's responsibility to ensure that the sign is correctly posted within the statutory timeframes, according to the *Planning Act*. Failure to post a sign in advance of the public meeting in accordance with statutory requirements will impact the timing of your application at the Committee of Adjustment meeting. Applicants are responsible for removal of the sign following the appeal period. The signs are recyclable and can be placed in your blue box.

Contact Us

For additional information or assistance in completing this application, please contact a planner at 519-426-5870 ext. 1842 or Committee.of.Adjustment@NorfolkCounty.ca



For Office Use Only:

File Number	_____	Application Fee	_____
Related File Number	_____	Conservation Authority Fee	_____
Pre-consultation Meeting	_____	Well & Septic Info Provided	_____
Application Submitted	_____	Planner	_____
Complete Application	_____	Public Notice Sign	_____

Check the type of planning application(s) you are submitting.

- ☐ Consent/Severance/Boundary Adjustment
- ☒ Surplus Farm Dwelling Severance and Zoning By-law Amendment
- ☐ Minor Variance
- ☐ Easement/Right-of-Way

Property Assessment Roll Number: 3310491028005000000**A. Applicant Information****Name of Owner** Dan Verhoeve Farms Ltd.

It is the responsibility of the owner or applicant to notify the planner of any changes in ownership within 30 days of such a change.

Address 37 Windham Road 14

Town and Postal Code Simcoe, On N3Y 4K6

Phone Number _____

Cell Number 519 429 4104

Email verhoevefarms@gmail.com

Name of Applicant same as owner

Address _____

Town and Postal Code _____

Phone Number _____

Cell Number _____

Email _____

Name of Agent	<u>Mary Elder, Elder Plans Inc.</u>
Address	<u>32 Miller Cres</u>
Town and Postal Code	<u>Simcoe, ON N3Y 4K5</u>
Phone Number	<u></u>
Cell Number	<u>519-429-4933</u>
Email	<u>elderplans2018@gmail.com</u>

Please specify to whom all communications should be sent. Unless otherwise directed, all correspondence and notices in respect of this application will be forwarded to the owner and agent noted above.

☒ Owner ☒ Agent ☐ Applicant

Names and addresses of any holder of any mortgagees, charges or other encumbrances on the subject lands:

B. Location, Legal Description and Property Information

1. Legal Description (include Geographic Township, Concession Number, Lot Number, Block Number and Urban Area or Hamlet):

WDM CON 13 PT LOT 20

Municipal Civic Address: 93 Windham Road 14

Present Official Plan Designation(s): Agriculture with some Hazard Land

Present Zoning: Agriculture with some Hazard Land

2. Is there a special provision or site specific zone on the subject lands?

☐ Yes ☒ No If yes, please specify:

3. Present use of the subject lands:

farm growing tobacco cash crop with an existing dwelling

4. Please describe **all existing** buildings or structures on the subject lands and whether they are to be retained, demolished or removed. If retaining the buildings or structures, please describe the type of buildings or structures, and illustrate the setback, in metric units, from front, rear and side lot lines, ground floor area, gross floor area, lot coverage, number of storeys, width, length, and height on your attached sketch which must be included with your application:
- dewlling, garage and pool to be severed as shown on survey sketch.
- three farm buildings to be retained as shown on survey sketch.
- sizes and distances on survey sketch

5. If an addition to an existing building is being proposed, please explain what it will be used for (for example a bedroom, kitchen, or bathroom). If new fixtures are proposed, please describe.

6. Please describe **all proposed** buildings or structures/additions on the subject lands. Describe the type of buildings or structures/additions, and illustrate the setback, in metric units, from front, rear and side lot lines, ground floor area, gross floor area, lot coverage, number of storeys, width, length, and height on your attached sketch which must be included with your application:

7. Are any existing buildings on the subject lands designated under the *Ontario Heritage Act* as being architecturally and/or historically significant? Yes ☐ No ☒
- If yes, identify and provide details of the building:

8. If known, the length of time the existing uses have continued on the subject lands:
- more than 20 years

9. Existing use of abutting properties:
- agricultural,three residential lots on south side of road

10. Are there any easements or restrictive covenants affecting the subject lands?
- ☐ Yes ☒ No If yes, describe the easement or restrictive covenant and its effect:

C. Purpose of Development Application

Note: Please complete all that apply. **Failure to complete this section will result in an incomplete application.**

1. Site Information (Please refer to Zoning By-law to confirm permitted dimensions)

	Existing	Permitted	Provision	Proposed	Deficiency
Lot frontage	240 m +	30 m	12.1.2 b)	31.50 m	
Lot depth	670m +			62.25 m	
Lot width	240 m +			31.50 m	
Lot area	19.96 ha/49.31ac	40 ha farm 0.2 ha lot	12.1.2 a)	19.76ha farm 0.196 ha lot	20.24 ha farm 0.004 ha lot
Lot coverage				8.92%	
Front yard	12.3 m	13 m	12.1.2 c)	12.3 m	0.7 m
Rear yard	600m +	9 m	12.1.2 f)	more than 30m	
Height	7m	11 m	12.1.2 h)	7 m	
Left Interior side yard	120 m +	3.0 m	12.1.2 e)	11.87m	
Right Interior side yard	100m +	3.0 m	12.1.2 e)	10.85 m	
Exterior side yard (corner lot)	NA				
Parking Spaces (number)	2	min 2 spaces	4.9 sfd	2	
Aisle width	30 years				
Stall size					
Loading Spaces					
Other					

2. Please explain why it is not possible to comply with the provision(s) of the Zoning By-law:

The front yard setback is an existing situation where no change is proposed

The proposed lot size for the surplus farm dwelling if rounded to the two decimal points is 2000 sq m, the minimum size permitted. Existing farm parcel is smaller than required.

3. **Consent/Severance/Boundary Adjustment:** Description of land intended to be severed in metric units:

Frontage: 31.50m

Depth: 62.25m

Width: 31.50m

Lot Area: 0.196 ha

Present Use: farm dwelling

Proposed Use: rural residential lot

Proposed final lot size (if boundary adjustment): _____

If a boundary adjustment, identify the assessment roll number and property owner of the lands to which the parcel will be added: _____

Description of land intended to be retained in metric units:

Frontage: about 200 m

Depth: 670m +

Width: 240 m +

Lot Area: 19.76 ha

Present Use: agricultural crop production

Proposed Use: agricultural crop production

Buildings on retained land: yes, 3 barns

4. **Easement/Right-of-Way:** Description of proposed right-of-way/easement in metric units:

Frontage: _____

Depth: _____

Width: _____
Area: _____
Proposed Use: _____

5. Surplus Farm Dwelling Severances Only: List all properties in Norfolk County, which are owned and farmed by the applicant and involved in the farm operation

Owners Name: Dan Verhoeve Farms Ltd.
Roll Number: 491028005000
Total Acreage: 19.96 ha/49.31 ac
Workable Acreage: 37.9 ac / 15.34 ha
Existing Farm Type: (for example: corn, orchard, livestock) tobacco
Dwelling Present?: ☒ Yes ☐ No If yes, year dwelling built about 1930
Date of Land Purchase: May 23, 2002

Owners Name: Dan Verhoeve Farms Ltd.
Roll Number: 491028062000
Total Acreage: 74.57AC / 30.18 ha
Workable Acreage: 70.55 ac / 28.55 ha
Existing Farm Type: (for example: corn, orchard, livestock) tobacco
Dwelling Present?: ☒ Yes ☐ No If yes, year dwelling built about 1920
Date of Land Purchase: Feb 12, 2010

Owners Name: Dan Verhoeve Farms Ltd.
Roll Number: 49102806500000
Total Acreage: 49.2 ac / 19.91 ha
Workable Acreage: 41.0 ac / 16.59 ha
Existing Farm Type: (for example: corn, orchard, livestock) tobacco
Dwelling Present?: ☒ Yes ☐ No If yes, year dwelling built about 1920
Date of Land Purchase: August 31, 2023

Owners Name: _____
Roll Number: _____
Total Acreage: _____
Workable Acreage: _____
Existing Farm Type: (for example: corn, orchard, livestock) _____
Dwelling Present?: ☐ Yes ☐ No If yes, year dwelling built _____
Date of Land Purchase: _____

Owners Name: _____
Roll Number: _____
Total Acreage: _____
Workable Acreage: _____
Existing Farm Type: (for example: corn, orchard, livestock) _____
Dwelling Present?: ☐ Yes ☐ No If yes, year dwelling built _____
Date of Land Purchase: _____

Note: If additional space is needed please attach a separate sheet.

D. All Applications: Previous Use of the Property

1. Has there been an industrial or commercial use on the subject lands or adjacent lands? ☐ Yes ☒ No ☐ Unknown

If yes, specify the uses (for example: gas station, or petroleum storage):

2. Is there reason to believe the subject lands may have been contaminated by former uses on the site or adjacent sites? ☐ Yes ☒ No ☐ Unknown

3. Provide the information you used to determine the answers to the above questions: owners knowledge

4. If you answered yes to any of the above questions in Section D, a previous use inventory showing all known former uses of the subject lands, or if appropriate, the adjacent lands, is needed. Is the previous use inventory attached? ☐ Yes ☐ No

E. All Applications: Provincial Policy

1. Is the requested amendment consistent with the provincial policy statements issued under subsection 3(1) of the *Planning Act, R.S.O. 1990, c. P. 13*? ☒ Yes ☐ No

If no, please explain:

2. It is owner's responsibility to be aware of and comply with all relevant federal or provincial legislation, municipal by-laws or other agency approvals, including the Endangered Species Act, 2007. Have the subject lands been screened to ensure that development or site alteration will not have any impact on the habitat for endangered or threatened species further to the provincial policy statement subsection 2.1.7? ☒ Yes ☐ No

If no, please explain:

3. Have the subject lands been screened to ensure that development or site alteration will not have any impact on source water protection? ☒ Yes ☐ No

If no, please explain:

Note: If in an area of source water Wellhead Protection Area (WHPA) A, B or C please attach relevant information and approved mitigation measures from the Risk Manager Official.

4. All Applications: Are any of the following uses or features on the subject lands or within 500 metres of the subject lands, unless otherwise specified? Please check boxes, if applicable.

Livestock facility or stockyard (submit MDS Calculation with application)

☐ On the subject lands or ☐ within 500 meters – distance _____

Wooded area

☐ On the subject lands or ☐ within 500 meters – distance _____

Municipal Landfill

☐ On the subject lands or ☐ within 500 meters – distance _____

Sewage treatment plant or waste stabilization plant

☐ On the subject lands or ☐ within 500 meters – distance _____

Provincially significant wetland (class 1, 2 or 3) or other environmental feature

☐ On the subject lands or ☐ within 500 meters – distance _____

Floodplain

☐ On the subject lands or ☐ within 500 meters – distance _____

Rehabilitated mine site

☐ On the subject lands or ☐ within 500 meters – distance _____

Non-operating mine site within one kilometre

☐ On the subject lands or ☐ within 500 meters – distance _____

Active mine site within one kilometre

☐ On the subject lands or ☐ within 500 meters – distance _____

Industrial or commercial use (specify the use(s))

☐ On the subject lands or ☐ within 500 meters – distance _____

Active railway line

☐ On the subject lands or ☐ within 500 meters – distance _____

Seasonal wetness of lands

☒ On the subject lands or ☐ within 500 meters – distance _____

Erosion

☐ On the subject lands or ☐ within 500 meters – distance _____

Abandoned gas wells

☐ On the subject lands or ☐ within 500 meters – distance _____

F. All Applications: Servicing and Access

1. Indicate what services are available or proposed:

Water Supply

☐ Municipal piped water

☐ Communal wells

☒ Individual wells

☐ Other (describe below)

Sewage Treatment

☐ Municipal sewers

☐ Communal system

☒ Septic tank and tile bed in good working order

☐ Other (describe below)

Storm Drainage

☐ Storm sewers

☒ Open ditches

☐ Other (describe below)

2. Existing or proposed access to subject lands:

☒ Municipal road

☐ Provincial highway

☐ Unopened road

☐ Other (describe below)

Name of road/street:

Windham Road 14

G. All Applications: Other Information

1. Does the application involve a local business? ☐ Yes ☒ No

If yes, how many people are employed on the subject lands?

2. Is there any other information that you think may be useful in the review of this application? If so, explain below or attach on a separate page.

H. Supporting Material to be submitted by Applicant

In order for your application to be considered complete, folded hard copies (number of paper copies as directed by the planner) and an **electronic version (PDF) of the site plan drawings, additional plans, studies and reports** will be required, including but not limited to the following details:

1. Concept/Layout Plan
2. All measurements in metric
3. Existing and proposed easements and right of ways
4. Parking space totals – required and proposed
5. All dimensions of the subject lands
6. Dimensions and setbacks of all buildings and structures
7. Location and setbacks of septic system and well from all existing and proposed lot lines, and all existing and proposed structures
8. Names of adjacent streets
9. Natural features, watercourses and trees

In addition, the following additional plans, studies and reports, including but not limited to, **may** also be required as part of the complete application submission:

- ☐ On-Site Sewage Disposal System Evaluation Form (to verify location and condition)
- ☐ Environmental Impact Study
- ☐ Geotechnical Study / Hydrogeological Review
- ☐ Minimum Distance Separation Schedule
- ☐ Record of Site Condition

Your development approval might also be dependent on Ministry of Environment Conservation and Parks, Ministry of Transportation or other relevant federal or provincial legislation, municipal by-laws or other agency approvals.

All final plans must include the owner's signature as well as the engineer's signature and seal.

I. Transfers, Easements and Postponement of Interest

The owner acknowledges and agrees that if required it is their solicitor's responsibility on behalf of the owner for the registration of all transfer(s) of land to the County, and/or transfer(s) of easement in favour of the County and/or utilities. Also, the owner further acknowledges and agrees that it is their solicitor's responsibility on behalf of the owner for the registration of postponements of any charges in favour of the County.

Permission to Enter Subject Lands

Permission is hereby granted to Norfolk County officers, employees or agents, to enter the premises subject to this application for the purposes of making inspections associated with this application, during normal and reasonable working hours.

Freedom of Information

For the purposes of the *Municipal Freedom of Information and Protection of Privacy Act*, I authorize and consent to the use by or the disclosure to any person or public body any information that is collected under the authority of the *Planning Act*, R.S.O. 1990, c. P. 13 for the purposes of processing this application.

Daniel Verhoeve

Owner/Applicant/Agent Signature

JULY 3 / 24

Date

J. Owner's Authorization

If the applicant/agent is not the registered owner of the lands that is the subject of this application, the owner must complete the authorization set out below.

I/We DAW VERHOEVE FARMS LTD am/are the registered owner(s) of the lands that is the subject of this application.

I/We authorize Mary Elder, Elder Plans Inc. to make this application on my/our behalf and to provide any of my/our personal information necessary for the processing of this application. Moreover, this shall be your good and sufficient authorization for so doing.

Daniel Verhoeve

Owner

JULY 3 / 24

Date

Owner

Date

***Note:** If property is owned by an Ontario Ltd. Corporation, Articles of Incorporation are required to be attached to the application.

K. Declaration

I, Mary Elder of Norfolk County

solemnly declare that:

all of the above statements and the statements contained in all of the exhibits transmitted herewith are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of *The Canada Evidence Act*.

Declared before me at:

Owner/Applicant/Agent Signature

In _____

This _____ day of _____

A.D., 20____

A Commissioner, etc.

PROPOSED SEVERANCE
OF PART OF
LOT 20
CONCESSION 13
IN THE GEOGRAPHIC
TOWNSHIP OF WINDHAM
IN
NORFOLK COUNTY

SCALE: 1 : 750



JEWITT AND DIXON LTD.

MAY 15, 2024

6.77
10.35
10.35
6.77
VINYL SIDED
BUILDING
6m Tall
70 sq.m



EXISTING PROPERTY
LOT AREA = 19.96 Hectares
LOT COVERAGE = 0.63 %

PIN 50183 - 0140 (LT)

PROPOSED SEVERANCE
LOT AREA = 1960.88 sq.m
LOT COVERAGE = 8.92 %

PROPOSED REMAINDER
LOT AREA = 19.76 Hectares
LOT COVERAGE = 0.55 %

LOT

20

CONCESSION

13

PIN 50183 - 0140 (LT)

SOUTHWEST CORNER
LOT 20, CONCESSION 13

WINDHAM ROAD 14

ROAD ALLOWANCE BETWEEN CONCESSIONS 13 & 14

NOTE:

THIS PLAN IS IN METRIC AND CAN BE CONVERTED
TO IMPERIAL BY MULTIPLYING BY 3.2808

CAUTION:

THIS IS NOT A PLAN OF SURVEY AND SHALL NOT
BE USED FOR PURPOSES OTHER THAN THE
PURPOSE INDICATED IN THE TITLE BLOCK.

COPYRIGHT JEWITT AND DIXON LTD. 2024

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JEWITT AND DIXON LTD.
ONTARIO LAND SURVEYORS

650 IRELAND ROAD, SIMCOE, ONTARIO, N3Y 4K2

PHONE: (519) 426-0842

E-mail: info@jewittdixon.com

JOB # 24-3985 CLIENT: VERHOVE



Ministry of
Government Services

Central Production and
Verification Services Branch
393 University Ave, Suite 200
Toronto ON M5G 2M2

Ministère des
Services gouvernementaux

Direction des services
centraux de production et de vérification
393, av University, bureau 200
Toronto ON M5G 2M2

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Page/Page 1 of/de 2

Form 1 - Ontario Corporation Initial Return / Notice of Change
Formule 1 - Personnes morales de l'Ontario Rapport initial / Avis de modification
Corporations Information Act / Loi sur les renseignements exigés des personnes morales

Please type or print all information in block capital letters using black ink.
Prière de dactylographier les renseignements ou de les écrire en caractères d'imprimerie à l'encre noire.

	Initial Return Rapport initial	Notice of Change Avis de modification
1. Business Corporation/ Société par actions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Not-For-Profit Corporation/ Personne morale sans but lucratif	<input type="checkbox"/>	<input type="checkbox"/>

Disclaimer:

The reporting format has been developed by OnCorp using data contained in the CNBIS database. As such, the Ministry of Government Services can neither be held responsible for any errors/omissions related to this product nor for the accuracy of the CNBIS data contained therein.

2. Ontario Corporation Number Numéro matricule de la personne morale en Ontario	3. Date of Incorporation or Amalgamation/ Date de constitution ou fusion Year/Année Month/Mois Day/Jour
000915300	1990 10 15

4. Corporation Name Including Punctuation/Raison sociale de la personne morale, y compris la ponctuation
DAN VERHOEVE FARMS LTD

5. Address of Registered or Head Office/Adresse du siège social

c/o /a/s

DAN VERHOEVE

Street No /N° civique Street Name/Nom de la rue

37

WINDHAM ROAD 14

Suite/Bureau

Street Name (cont'd)/Nom de la rue (suite)

R.R. #7

City/Town/Ville

SIMCOE

ONTARIO, CANADA

Postal Code/Code postal

N3Y 4K6

This filing was submitted to the Ministry of Government Services on/
Ce dépôt été soumis au ministère des services gouvernementaux
04/10/2017 11:47:59 AM
Request ID/Code de référence SINEO: 020154123

6. Mailing Address/Adresse postale

Street No /N° civique

Street Name/Nom de la rue

Suite/Bureau

Street Name (cont'd)/Nom de la rue (suite)

City/Town/Ville

Province/State/Province/État

Country/Pays

Postal Code/Code postal

7. Language of Preference/Langue préférée

English - Anglais

French - Français



8. Information on Directors/Officers must be completed on Schedule A as requested. If additional space is required photocopy Schedule A /Les renseignements sur les administrateurs ou les dirigeants doivent être fournis dans l'Annexe A, tel que demandé. Si vous avez besoin de plus d'espace vous pouvez photocopier l'Annexe A

Number of Schedule A(s) submitted/Nombre d'Annexes A présentées

1

(At least one Schedule A must be submitted./Au moins une Annexe A doit être présentée)

9. (Print or type name in full of the person authorizing filing / Dactylographier ou inscrire le prénom et le nom en caractères d'imprimerie de la personne qui autorise l'enregistrement)

I/Je **THOMAS N. WHITE**

Check appropriate box
Cocher la case pertinente

D) ☐ Director/Administrateur

O) ☐ Officer /Dirigeant

P) ☒ Other individual having knowledge of the affairs of the Corporation/Autre personne ayant connaissance des activités de la personne morale

certify that the information set out herein, is true and correct
atteste que les renseignements précités sont véridiques et exacts

Note/Remarque: Sections 13 and 14 of the Corporations Information Act provide penalties for making false or misleading statements or omissions. Les articles 13 et 14 de la Loi sur les renseignements exigés des personnes morales prévoient des peines en cas de déclaration fausse ou trompeuse, ou d'omission

Form 1 - Ontario Corporation/Formule 1 - Personnes morales de l'Ontario
Schedule A/Annexe A

For Ministry Use Only
À l'usage du ministère seulement
Page/Page 2 of/de 2

Please type or print all information in block capital letters using black ink.
Prrière de dactylographier les renseignements ou de les écrire en caractères d'imprimerie à l'encre noire.

Ontario Corporation Number
Numéro matricule de la personne morale en Ontario

000915300

Date of Incorporation or Amalgamation
Date de constitution ou fusion

Year/Année Month/Mois Day/Jour

1990 10 15

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Address for Service/Nom et domicile élu

Last Name/Nom de famille

First Name/Prénom

Middle Names/Autres prénoms

VERHOEVE

DANIEL

MARK

Street Number/Numéro civique Suite/Bureau

37

Street Name/Nom de la rue

WINDHAM ROAD 14

Street Name (cont'd)/Nom de la rue (suite)

R.R. #7

City/Town/Ville

SIMCOE

Province, State/Province, État

ONTARIO

Country/Pays

CANADA

Postal Code/Code postal

N3Y 4K6

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/
Résident canadien

☒ YES/OUI

☐ NO/NON

(Resident Canadian applies to directors of business corporations only /
(Résident canadien ne s'applique qu'aux administrateurs de sociétés par actions)

Date Elected/
Date d'élection

Year/Année Month/Mois Day/Jour
1990 10 15

Date Ceased/
Date de cessation

Year/Année Month/Mois Day/Jour

Officer Information/Renseignements relatifs aux dirigeants

PRESIDENT/PRÉSIDENT

SECRETARY/SECRÉTAIRE

TREASURER/TRÉSORIER

GENERAL MANAGER/
DIRECTEUR GÉNÉRAL

*OTHER/AUTRE

Date Appointed/
Date de nomination

Year/Année Month/Mois Day/Jour
1990 10 15

Year/Année Month/Mois Day/Jour
1990 10 15

Year/Année Month/Mois Day/Jour
1990 10 15

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Date Ceased/
Date de cessation

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

DIRECTOR / OFFICER INFORMATION - RENSEIGNEMENTS RELATIFS AUX ADMINISTRATEURS/DIRIGEANTS

Full Name and Address for Service/Nom et domicile élu

Last Name/Nom de famille

First Name/Prénom

Middle Names/Autres prénoms

VERHOEVE

DANIEL JR.

MARK

Street Number/Numéro civique Suite/Bureau

Street Name/Nom de la rue

R.R. #7

Street Name (cont'd)/Nom de la rue (suite)

City/Town/Ville

SIMCOE

Province, State/Province, État

ONTARIO

Country/Pays

CANADA

Postal Code/Code postal

N3Y 4K6

Director Information/Renseignements relatifs aux administrateurs

Resident Canadian/
Résident canadien

☒ YES/OUI

☐ NO/NON

(Resident Canadian applies to directors of business corporations only /
(Résident canadien ne s'applique qu'aux administrateurs de sociétés par actions)

Date Elected/
Date d'élection

Year/Année Month/Mois Day/Jour
1990 10 15

Date Ceased/
Date de cessation

Year/Année Month/Mois Day/Jour
1990 10 15

Officer Information/Renseignements relatifs aux dirigeants

PRESIDENT/PRÉSIDENT

SECRETARY/SECRÉTAIRE

TREASURER/TRÉSORIER

GENERAL MANAGER/
DIRECTEUR GÉNÉRAL

*OTHER/AUTRE

Date Appointed/
Date de nomination

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Date Ceased/
Date de cessation

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Year/Année Month/Mois Day/Jour

Next To Home

Existing On-Site Sewage System

Evaluation Form



Norfolk
COUNTY

Norfolk County Building Department
Community Development Division
185 Robinson Street, Suite 200 Simcoe, Ontario, N3Y 5L6
norfolkcounty.ca



Evaluation of On-Site Sewage Systems

INSTRUCTIONS

1. Please complete the following form by checking appropriate lines and filling in blanks.
2. This Evaluation Form must be completed by a "Qualified" person engaged in the business of constructing on site, installing, repairing, servicing, cleaning or emptying sewage systems.
3. If sewage system malfunctions are found during an evaluation (surfacing or discharge of improperly treated sewage effluent) which indicate a possible health hazard or nuisance, orders may be issued for correction.
4. Evaluations should be scheduled accordingly so as not to delay the application process.
5. Completed Forms **MUST** be submitted as part of a "complete" Planning Application. Failure to meet this date may cause the application to be deferred.
6. Evaluation Forms will become part of the property records of Norfolk County Building Department.
7. No On-Site Sewage System Evaluation will be conducted where:
 - a. snow depth exceeds two (2) inches, or
 - b. grass and brush exceeds twelve (12) inches
8. The comments that are given as a result of this evaluation are rendered without complete knowledge or observation of some of the individual components of the sewage system and applies only to the date and time the evaluation is conducted.

Collection of Personal Information.

Personal information submitted in this form is collected under the authority with the Municipal Freedom of Information and Protection Act, or for the purpose stated on the specific form being submitted. The information will be used by the Building Department administration for its intended submitted purpose.

Questions about the collection of personal information through this form may be directed to:

Norfolk County's Chief Building Official,
185 Robinson Street, Simcoe, ON N3Y 5L6, 519-426-5870 ext. 2218,

Information and Privacy Coordinator,
50 Colborne Street South, Simcoe ON N3Y 4H3, 519-426-5870 ext. 1261,

Community Development Division- Building Department

185 Robinson Street, Suite 200, Simcoe, ON N3Y 5L6 • 519-426-5870 Ext. 6016

Property Information	
Municipal Address	93 Windham Road. 14
Assessment Roll Number	33-10-491-028-005-00-0000
Date of Evaluation	July 18, 2024

Evaluators Information	
Evaluators Name:	Larry Dedrick
Company Name:	Dedrick Bros Excavating LTD.
Address:	370 Lynedoch Rd., Delhi, Ont. N4B 2W4
Phone:	519-582-2069.
Email	dbel@kwic.com
BCIN #	16930 12191
Purpose of Evaluation	<input type="checkbox"/> Consent <input type="checkbox"/> Site Plan <input type="checkbox"/> Zoning <input type="checkbox"/> Building Permit Application <input type="checkbox"/> Minor Variance <input type="checkbox"/> Other <u>Severance</u>
Building Information	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural

Gross building area: (m ²):	148.6
Number of bedrooms:	3
Number of fixture units:	1.5 12
Daily Design Flow: (Litres)	300 1600
Is the building currently occupied?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, how long?

Site Evaluation	
Soil type, percolation time (T)	6-15 (11)
Site slope	<input type="checkbox"/> Flat <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Steep
Soil condition:	<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry
Surface discharge observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Odour detected:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Weather at time of evaluation:	Sunny Warm

System Description
<input type="checkbox"/> Class 1 - Privy <input type="checkbox"/> Class 2- Greywater <input type="checkbox"/> Class 3 - Cesspool <input checked="" type="checkbox"/> Class 4 - Leaching Bed) <input type="checkbox"/> Class 5 - Holding Tank

Type of leaching bed. Class 4 -Leaching Bed only - Complete & attach Worksheet E		
<input checked="" type="checkbox"/> A. Absorption Trench	<input type="checkbox"/> B. Filter Bed	<input type="checkbox"/> C. Shallow Buried Trench
<input type="checkbox"/> D. Advance Treatment System	<input type="checkbox"/> E. Type A Dispersal Bed	<input type="checkbox"/> F. Type B Dispersal Bed

Existing Tank Size (litres):		
<input checked="" type="checkbox"/> Pre-cast Concrete	<input type="checkbox"/> Plastic	<input type="checkbox"/> Fibreglass
<input type="checkbox"/> Wood	<input type="checkbox"/> Other (specify):	Pump: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> In ground system	<input type="checkbox"/> Raised Bed system Height raised above original grade (metres)	

Setbacks (metres)	Tank		Distribution Pipe	
Distance to buildings & structures	3m 10 ft.		5m	
Distance to bodies of water	None		None	
Distance to nearest well	55 ft. 16.7m		21.7m	
Distance to proposed property lines	Front: 3m Rear: 3m	Left: 3m Right: 3m	Front: 3m Rear: 3m	Left: 3m Right: 3m

Worksheet A: Dwellings - Daily Design Flow Calculations (Q)

A) Residential Occupancy			(Q) Litres	Total
Number of Bedrooms	1 Bedroom		750	
	2 Bedrooms		1100	
	3 Bedrooms		1600	1600
	4 Bedrooms		2000	
	5 Bedrooms		2500	
			Subtotal (A)	1600

B) Plus Additional Flow for:					Quantity	(Q) Litres	Total
Note: Use the largest additional flow calculation to determine Daily Design Flow (Q). If none apply Subtotal (B) is zero.							
Either	Each	bedroom over 5				500	
	Or	Floor space for each 10m ² over 200m ² up to 400m ²				100	
		Floor space for each 10m ² over 400m ² up to 600m ²				75	
		Floor space for each 10m ² over 600m ²				50	
Or	Each	Fixture Unit over 20 fixture Units (Total of Worksheet B - 20 = Quantity)				50	
						Subtotal (B)	0
						Subtotal A+B=Daily Design Flow (Q)	1600

Worksheet B: Dwellings Fixture Unit Count

Fixtures	Units	How Many?	Total
Bath group (toilet, sink, tub or shower) with flush tank	6.0	X 2	= 12.0
Bathtub only(with or without shower)	1.5	X	=
Shower stall	1.5	X	=
Wash basin / Lavatory (1.5 inch trap)	1.5	X	=
Water closet (toilet) tank operated	4.0	X	=
Bidet	1.0	X	=
Dishwasher	1.0	X 1	= 1.0
Floor Drain (3 inch trap)	3.0	X	=
Sink (with/without garbage grinder, domestic and other small type single, double or 2 single with a common trap)	1.5	X 1	= 1.5
Domestic washing machine	1.5	X 1	= 1.5
Combination sink and laundry tray single or double (installed on 1.5 inch trap)	1.5	X 1	= 1.5
Other:			
			Total Number of Fixture Units: 12.0

1. Refer to Ontario Building Code Division B Table 7.4.9.3 for a complete listing of fixture types and units.
2. Where the laundry waste is not more than 20% of the total daily design flow, it may discharge to the sewage system. OBC 8.1.3.1(2)
3. Sump pumps are not to be connected to the sewage system. Connection to sewage system may lead to a hydraulic failure of the system.

Worksheet C: Other occupancies types

Camp for the Housing of Workers	Number of Employees	(Q) Litres	Total
Note: building size, number of bedrooms and fixture count are not required for a Camp for the Housing of Workers		250	
Daily Design Flow (Q)			

Other Occupancy Daily Design Flow Calculation (Q)

To calculate the daily design flow for occupancies, please refer to Ontario Building Code Division B – Part 8 Table 8.2.1.3.B

Establishment	Operator Example: number of seats, per floor area, number of employees/students	Volume Litres	Total
Daily Design Flow (Q)			

Work Sheet D: Septic Tank Size

Minimum septic tank size permitted by the Ontario Building Code is 3600 litres.

Minimum holding tank size permitted by the Ontario Building Code is 9000 litres.

Occupancy type	Daily Design Flow (Q)	Minimum tank size (L)
Residential Occupancy house, apartment, camp for housing of workers	1600	X 2 = 3600
All Other Occupancies		X 3 =
Holding Tank		X 7 =

Worksheet E: Leaching Bed Calculations (Class 4)

Complete One of A, B, C, D, E, F

☐ A. Absorption Trench

Total length of distribution pipe	Conventional $(Q \times T) \div 200 =$ _____ m
	Type I leaching chambers $(Q \times T) \div 200 =$ _____ m
	Type II leaching chambers $(Q \times T) \div 300 =$ <u>58.68</u> m
	Configured as: <u>6</u> runs of <u>15.24</u> m Total: <u>91.428</u> m

☐ B. Filter Bed

Effective Area If $Q \leq 3000$ litres per day use $Q \div 75$ If $Q > 3000$ litres per day use $Q \div 50$ Level II-IV treatment units, use $Q \div 100$ Distribution Pipe Contact Area = $(Q \times T) \div 850$ Mantel (see Part 1)	Effective area: _____ (Q) \div _____ (75, 50, or 100) = _____ m ² Configured as: _____ m x _____ m Number of beds _____ Number of runs: _____ Spacing of runs: _____ m Contact Area: (_____ (Q) X _____ (T)) \div 850 = _____ m ²
--	--

☐ C. Shallow Buried Trench

Percolation time (T) of soil in minutes: <u>11</u>	Length of distribution pipe (metres)	$(L) =$ <u>1600</u> (Q) \div _____ (75, 50, 30) = _____ m Configured as: _____ runs of _____ m Total: _____ m
$1 < T \leq 20$	$Q \div 75$ metres	
$20 < T \leq 50$	$Q \div 50$ metres	
$50 < T < 125$	$Q \div 30$ metres	

☐ D. Advance Treatment System

Provide description of system.

☐ E. Type A Dispersal Bed

Stone Layer If $Q \leq 3000$ litres per day, use $Q \div 75$ If $Q > 3000$ litres per day, use $Q \div 50$ Sand Layer $1 < T \leq 15$ use $(Q \times T) \div 850$ $T > 15$ use $(Q \times T) \div 400$	Stone Layer = _____ (Q) \div _____ (75 or 50) = _____ m ² Sand Layer = (_____ (Q) x _____ (T)) \div (850 or 400) = _____ m ²
---	--

☐ F. Type B Dispersal Bed

Area = $(Q \times T) \div 400$ Linear Loading Rate (LLR) $T < 24$ minutes, use 50 L/min If $T \geq 24$ minutes, use 40 L/min Distribution Pipe	Area = (_____ (Q) x _____ (T)) \div 400 = _____ m ² Pump chamber capacity = _____ L Length $(Q \div \text{LLR}) =$ _____ m Bed configuration = _____ m x _____ m = _____ m ² Number of Beds = _____ Configured as: _____ runs of _____ m Total: _____ m
--	--

Worksheet F: Cross Sectional Drawings

Subsoil Investigation – Test pit

1. Soil sample to be taken at a depth of
2. Test pit to be a minimum 0.9m

Indicate level of rock and ground water level below original grade.

		Original grade
		0.5m
		1.0m
		1.5m

Soil and subgrade investigation.
Indicate soil types

Cross sectional drawings are required for all septic systems

1. Location of existing grade.
2. Measurements to each component, distances to water table
3. Label each septic component.

5. Label each septic component.

Worksheet G: Septic Plot Plan

Please provide the following information on this work sheet:

1. Location of sewage system and its components (e.g. tank, leaching bed, pump chamber)
2. Location of all buildings, pools and wells on the property and neighbouring properties
3. Locate and show minimum clearances for treatment units and distribution piping of items. Ontario Building Code, Division B, Table 8.2.1.6.A. and 8.2.1.6.B.
4. Location of property lines, easements, and utility corridors.

AS Per

As Built Plan

Overall System Rating

- ☐ System working properly / no work required.
- ☐ System functioning / Maintenance required.
- ☐ System functioning / Minor repairs required
- ☐ System failure / Replacement required.

Additional Comments:

Note: Any repair or replacement of an on-site sewage system requires a building permit.

Contact the Norfolk County Building Department at (519) 426-5870 ext. 6016 for more information.

Verification

Owner:

The owner is responsible for having a site evaluation conducted of the above mentioned property. Neither the evaluation nor the approval thereof shall exempt the owner(s) from complying with the Ontario Building Code or any other applicable law.

I, _____ (the owner of the subject property) hereby authorize the above mentioned evaluator to act on my behalf with respects to all matters pertaining to the existing onsite sewage system evaluation.

Owners Signature:

Date:

Evaluator:

I, _____ declare that this site evaluation is accurate as of the date of inspection. No determination of future performance can be made due to unknown conditions, future water usage over the life of the system, abuse of the system and/or inadequate maintenance, all of which can affect the life of the system. This evaluation does not grant or imply any guarantee or warranty of the future performance of the sewage system. The undersigned takes no responsibility for the accuracy of existing or proposed property lines, whether measured or implied.

Evaluator Signature:

Date:

Building Department Review

Comments:

Building Inspectors Name:

Building Inspector Signature:

Date:



Sewage Disposal System Permit

Norfolk CityView Web

Permit Number

OS-040-2009

Application Status **Approved**

Subject Property

Assessment Roll Number 33-10-491-028-005-00-0000

Lot 20

Concession 13

Owner : DAN VERHOEVE FARMS LTD

Property
Location

93 WINDHAM ROAD 14 Unit 00000

Windham

Block

Geographic Township **WDM**

Site Area

A

Registered Plan No

Applicant

Name **Dedrick Bros.**

Address

City

Prov

PC

Phone () -

Work () -

Fax () -

Email

Contractor

Name **LARRY DEDRICK**

Address **R.R.1**

Phone () -

License Number **16930**

Inspections

Date	Details / Conditions	Compliance Date	Status	Inspector Name
05/07/2009	made application	05/07/2009	Pending	Scott Hamill
05/12/2009	permit review	05/12/2009	Approved	Scott Hamill

Authority - Building Code Act 1992, c.23

Lineal Metres of Distribution Pipe **300'**

Working Capacity of Septic / Tertiary / Holding Tank in Litres **3600**

Date of Last Inspection: **May 12, 2009**

Status: **Complies with Ontario Building Code Act and Regulations**

Comments **Installer to confirm existing septic tank meets OBC 8.2.2.3 and all other applicable clauses.**

File State **Open**

Bring Forward Date

Authorized Signature

Comments:

Date

MAY 12/09

Application for a Permit to Construct or Demolish

This form is authorized under the Building Code, Section 2.4.1.15.12.

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:
Application submitted to: <u>North York County</u> (Name of municipality, upper-tier municipality, board of health or conservation authority)	
A. Project Information	
Building number, street name	Unit number
93 14th Con. (RR#7 Simcoe)	23 13
Municipality	Postal code
Windsor	
Project value est. \$	Plan number/other description
	WDM
Area of work (m ²)	
Farm	
B. 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
RR#1	
Municipality	Postal code
Delhi	N4B 2W4
Province	E-mail
Ont	
Telephone number	Fax
(519) 582-2069	(519) 582-4187
Cell number	
()	
C. Owner (if different from applicant)	
Last name	First name
Verhove	Daniel Jr.
Street address	Unit number
93 14th Con. (RR#7 Simcoe)	23 13
Municipality	Postal code
Windsor	
Province	E-mail
Ont	
Telephone number	Fax
(519) 582-4963	()
Cell number	
()	
D. Builder (optional)	
Last name	First name
	Corporation or partnership (if applicable)
Street address	Unit number
Municipality	Postal code
Province	E-mail
Telephone number	Fax
()	()
Cell number	
()	
E. Purpose of application	
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input checked="" type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit	
Proposed use of building	Current use of building
House	House
Description of proposed work	
Replace septic Bed.	
F. Tarrion Warranty Corporation (Ontario New Home Warranty Program)	
i. Is proposed construction for a new home as defined in the Ontario New Home Warranties Plan Act? If no, go to section G.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ii. Is registration required under the Ontario New Home Warranties Plan Act?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
iii. If yes to (ii) provide registration number(s):	
G. Attachments	
i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.	
ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.	
iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.	
iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.	
H. Declaration of applicant	
I, <u>Larry Dedrick</u> (print name) certify that:	
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 authority to bind the corporation or partnership (if applicable).	
Date	Signature of applicant
May 5/09	Larry Dedrick

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax number ()	Cell number ()	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 2.20.2.1]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
I _____ declare that (choose one as appropriate): (print name)			
<input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories. Individual BCIN: _____ Firm BCIN: _____			
<input type="checkbox"/> I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. of the Building Code. Individual BCIN: _____ Basis for exemption from registration: _____			
<input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code. Basis for exemption from registration and qualification: _____			
I certify that:			
1. The information contained in this schedule is true to the best of my knowledge.			
2. I have authority to bind the corporation or partnership (if applicable).			
Date		Signature of Designer	

*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name <u>93 14th Con Rd.</u>		Unit number	Lot/con. <u>23 13</u>
Municipality <u>Winifram</u>	Postal code	Plan number/ other description	
B. Sewage system installer			
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 2.18.1.1?			
<input checked="" type="checkbox"/> Yes (Continue to Section C) <input type="checkbox"/> No (Continue to Section E) <input type="checkbox"/> Installer unknown at time of application (Continue to Section E)			
C. Registered installer information (where answer to B is "Yes")			
Name <u>Dedrick Bros. Excavating Ltd.</u>		BCIN <u>16930</u>	
Street address <u>RR#1</u>		Unit number	Lot/con.
Municipality <u>De l'He</u>	Postal code <u>N4B 2A4</u>	Province <u>Ont.</u>	E-mail
Telephone number <u>(519) 582-2069</u>	Fax <u>(519) 582-4187</u>	Cell number ()	
D. Qualified supervisor information (where answer to section B is "Yes")			
Name of qualified supervisor(s) <u>Larry Dedrick</u>		Building Code Identification Number (BCIN) <u>12191</u>	
E. Declaration of Applicant:			
<u>Larry Dedrick</u> (print name)		declare that:	
<input checked="" type="checkbox"/> I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;			
OR			
<input type="checkbox"/> I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2 now that the installer is known.			
I certify that:			
1. The information contained in this schedule is true to the best of my knowledge.			
2. I have authority to bind the corporation or partnership (if applicable).			
<u>May 5/09</u> Date		<u>Larry Dedrick</u> Signature of applicant	

SEWAGE SYSTEM SPECIFICATIONS
Location of Septic System (911 address): 93 14th Corn (Windham)Owner of Property: Daniel VerhevePropose to install a Class 4 Sewage system to service house
(ie. house, bunkhouse, restaurant, office, commercial building, etc.)
SEWAGE FLOW CALCULATIONS (dwellings)

PLUMBING DESCRIPTION	TOTAL #	FIXTURE UNITS	TOTAL
Water Closet (Flush Tank Toilets)	<u>1</u>	x 4.0	<u>4</u>
Each Sink or Washbasin	<u>2</u>	x 1.5	<u>3</u>
Bathtub or Shower	<u>1</u>	x 1.5	<u>1.5</u>
Dishwasher	<u>1</u>	x 1.5	<u>1.5</u>
Clothes Washing Machine	<u>1</u>	x 1.5	<u>1.5</u>
Single or Double Laundry Tubs	<u>0</u>	x 1.5	
Floor Drain		x 1.5	
Water Softener		x 1.5	
Other			
TOTAL FIXTURE UNITS =			<u>12</u>

RESIDENTIAL	OTHER (IE: OFFICE, BUNKHOUSE, RESTAURANT)
Total Finished Area: <u>148.6</u> (sq.m) <u>1600</u> (sq.ft)	Total Finished Area: _____ (sq.m) _____ (sq.ft)
# of bedrooms: <u>3</u>	# of employees: _____
Water softener discharge: _____ (L/day)	Water softener discharge: _____ (L/day)
Daily Flow Rate (DFR): <u>1600</u> (L/day)	Daily Flow Rate (DFR): _____ (L/day)
Tank size: (2 x DFR) <u>800</u> (<u>3600</u>) (L/day)	Tank size: (2 x DFR) _____ (L/day)

CONTRACTOR TO COMPLETE THE FOLLOWING
Sub-surface Conditions Encountered

Rock & G.	G.W.T.	Depth (m)	Soil Type
		-0-	
		-0.25-	<u>Top Soil</u>
		-0.50-	
<u>NO</u>	<u>NO</u>	-0.75-	<u>Sand.</u>
		-1.00-	
		-1.25-	
		-1.50-	

Describe existing soil conditions: _____

Percolation Rate (T): 12
(inspector may request conformation from approved testing agency)Reviewed By: _____
(building inspector)

Permit # OS- _____

PROPOSE TO CONSTRUCT



CLASS 1, 2, 3

CLASS 1 ☐ Privy ☐ Composting ☐ Chemical ☐ Electrical ☐ Other _____

CLASS 2 - GREY WATER PIT

• Wall Structure ☐ Concrete Block ☐ Rock ☐ Other: _____
• Soil ☐ Existing ☐ Imported (describe) _____
• Dimensions of Pit Length: _____ Width: _____ Height: _____ Type of Cover: _____

CLASS 3 - CESSPOOL

Describe _____

CLASS 4

CLASS 4 - TANK

☐ Distribution Box Pump or siphon required ☐ No ☐ Yes (if yes, complete *below)
☒ Use Existing ☐ New Gov't Approved ☐ Concrete ☐ Polyethylene SIZE: 800(3600) (L)

CLASS 4 - LEACHING BED

☒ Dug into Existing Soil ☐ Imported Soil list type: _____ height: _____
(proof of filter material must be provided)

Total Length of Tile: 91 (m) 300 (ft) # of runs of tile: 6 @ 50'

Other: (describe) _____

CLASS 4 - FILTER BED

Proof of approved Filter Material must be provided prior to backfill

Pump or siphon required ☐ No ☐ Yes (if yes, complete *below)

Effective Area (sq. m) _____ Contact Area (sq. m) _____

Loading Rate: _____ Height Raised _____

of runs of tile: _____ Total Length of Tile: _____ (m) _____ (ft)

CLASS 4 - TREATMENT UNIT

Attach Building Material Evaluation Committee Report # (BMEC): _____

Pump or siphon required ☐ No ☐ Yes (if yes, complete *below)

Manufacturer & Model: _____ Daily Flowrate Capacity _____ (L)

Primary Tank Size: _____ (L) Secondary Tank Size: _____ (L)

CLASS 5

CLASS 5 - HOLDING TANK

Audio Visual alarm is required. A "Pump Out" contract must be provided.

Manufacturer & Model: _____ Size _____ (L)

*** PUMP or SIPHON**

Head: _____ Runtime: _____ Horsepower: _____ Size of pump chamber _____ (L)

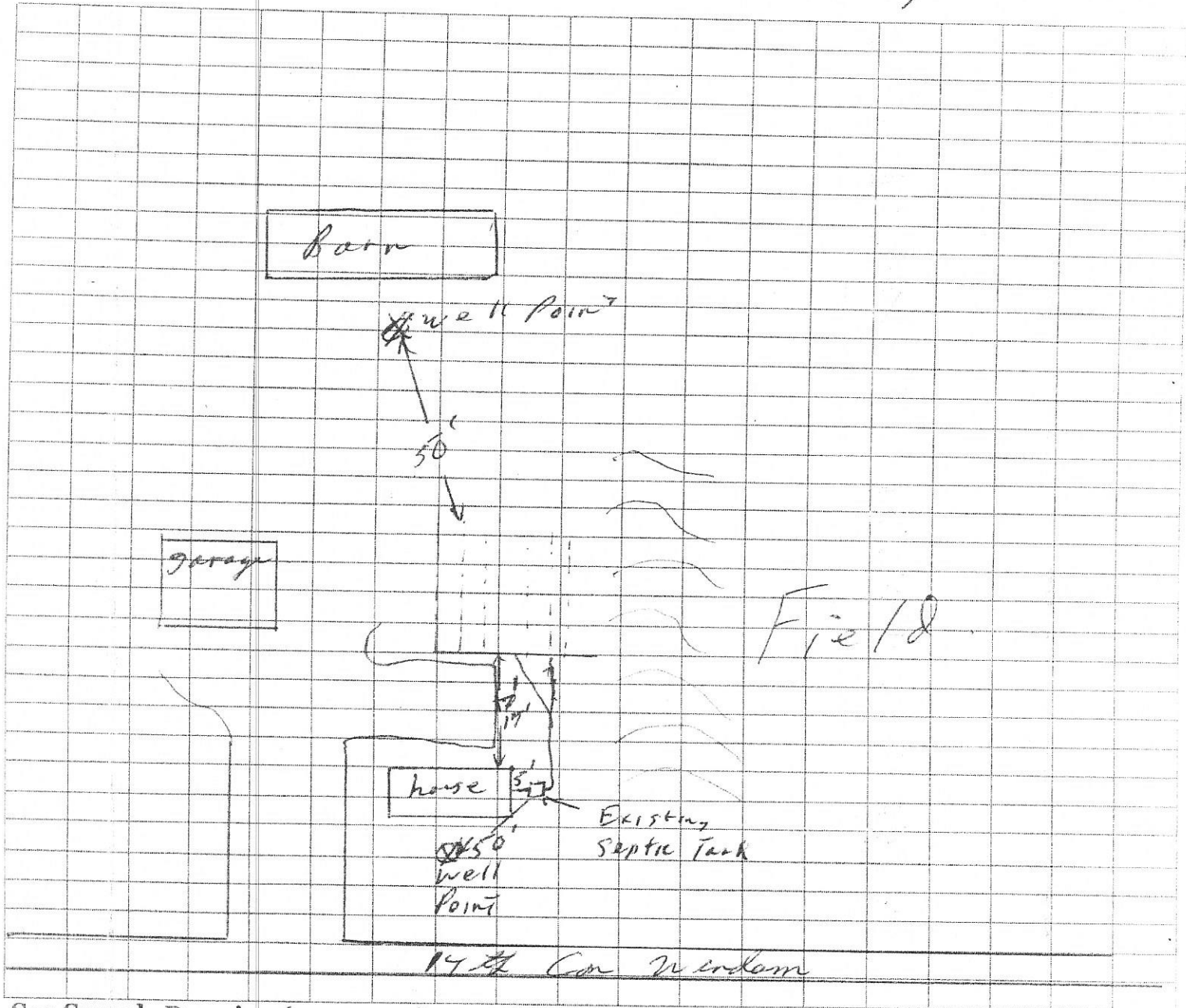
SEWAGE SYSTEM INFORMATION

SITE PLAN

Include the following on a scale or proportional drawing:

1. Outline of property with all dimensions.
2. Detailed sewage system diagram, including dimensions of leaching bed, mantle, tank location, pump chamber, etc.
3. Setbacks from existing and proposed buildings, wells (including neighbours), lakes, streams, ponds, water drainage courses.
4. Location of subsurface drainage, tiles, culverts or other structural features.
5. Existing or proposed driveways, easements, right-of-ways, drainage patterns.
6. Indicate any areas of disturbed, compacted, imported or altered soils.

7/2



See Sample Drawing (next page)

Overall System Rating

- ☒ System working properly / no work required.
- ☐ System functioning / Maintenance required.
- ☐ System functioning / Minor repairs required
- ☐ System failure / Replacement required.

Additional Comments:

Note: Any repair or replacement of an on-site sewage system requires a building permit.

Contact the Norfolk County Building Department at (519) 426-5870 ext. 6016 for more information.

Verification**Owner:**

The owner is responsible for having a site evaluation conducted of the above mentioned property. Neither the evaluation nor the approval thereof shall exempt the owner(s) from complying with the Ontario Building Code or any other applicable law.

I, DAN LADHANE (the owner of the subject property) hereby authorize the above mentioned evaluator to act on my behalf with respects to all matters pertaining to the existing onsite sewage system evaluation.

Owners Signature: Dan Ladhane

Date: JULY 18 / 24

Evaluator:

I, Larry Dedrick declare that this site evaluation is accurate as of the date of inspection. No determination of future performance can be made due to unknown conditions, future water usage over the life of the system, abuse of the system and/or inadequate maintenance, all of which can affect the life of the system. This evaluation does not grant or imply any guarantee or warranty of the future performance of the sewage system. The undersigned takes no responsibility for the accuracy of existing or proposed property lines, whether measured or implied.

Evaluator Signature: Larry Dedrick

Date: JULY 18 / 24

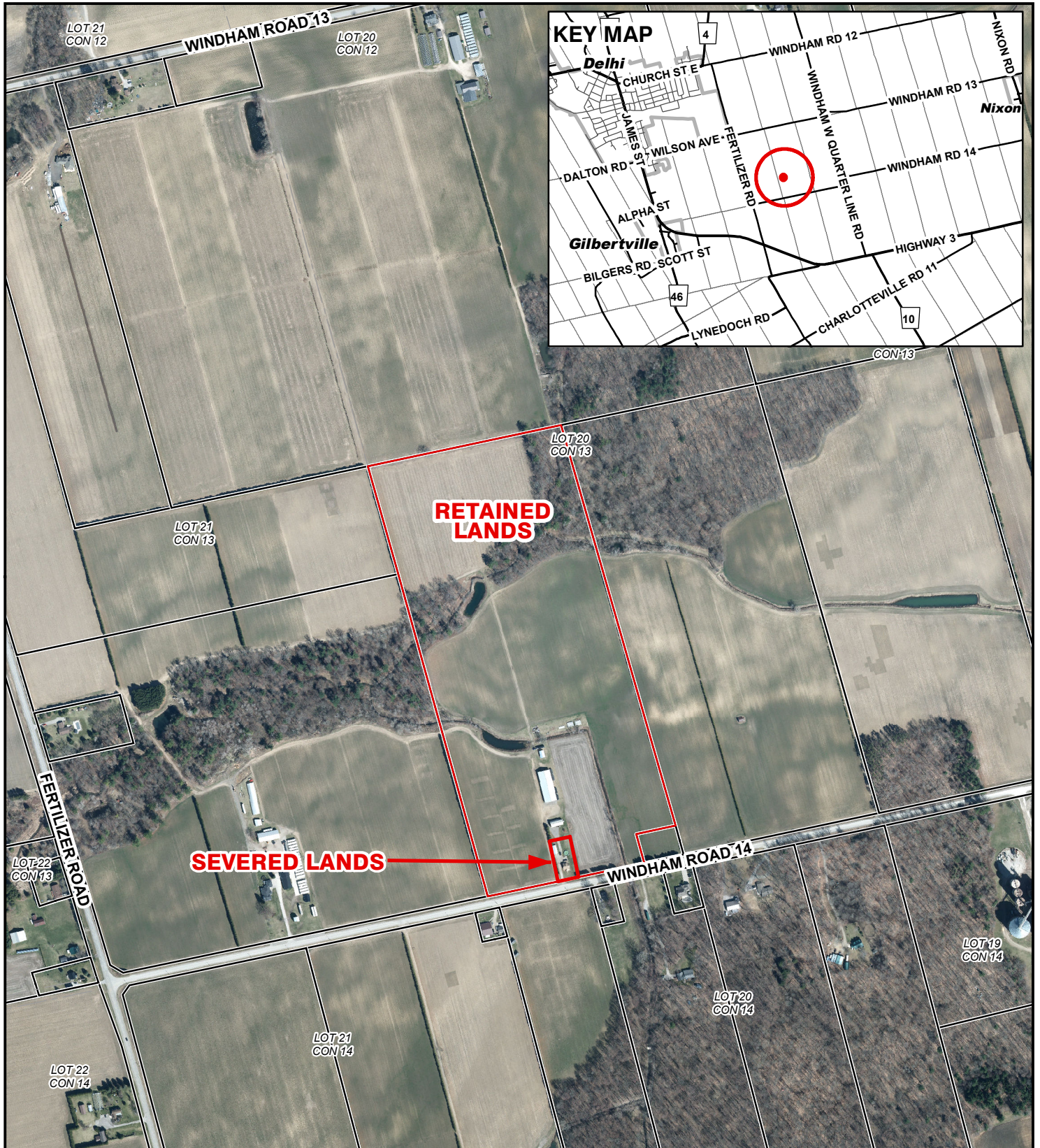
Building Department Review

Comments:


Building Inspectors Name:

Building Inspector Signature:

Date:

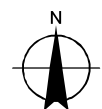


Legend

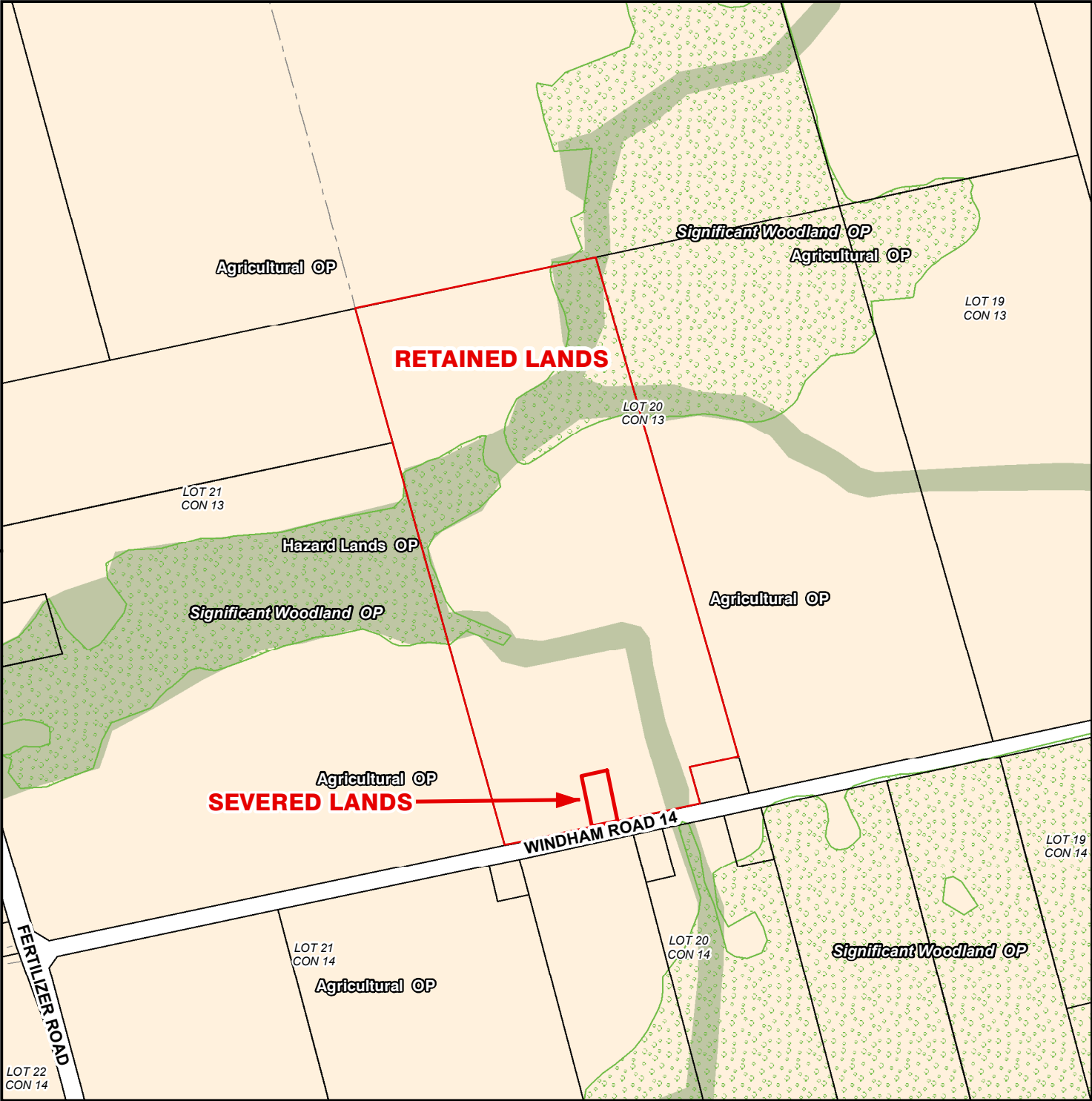
-  Subject Lands
-  Lands Owned

2020 Air Photo



11/7/2024



60 30 0 60 120 180 240 Meters



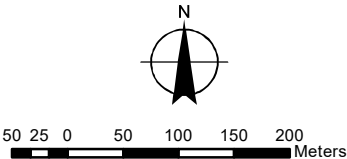
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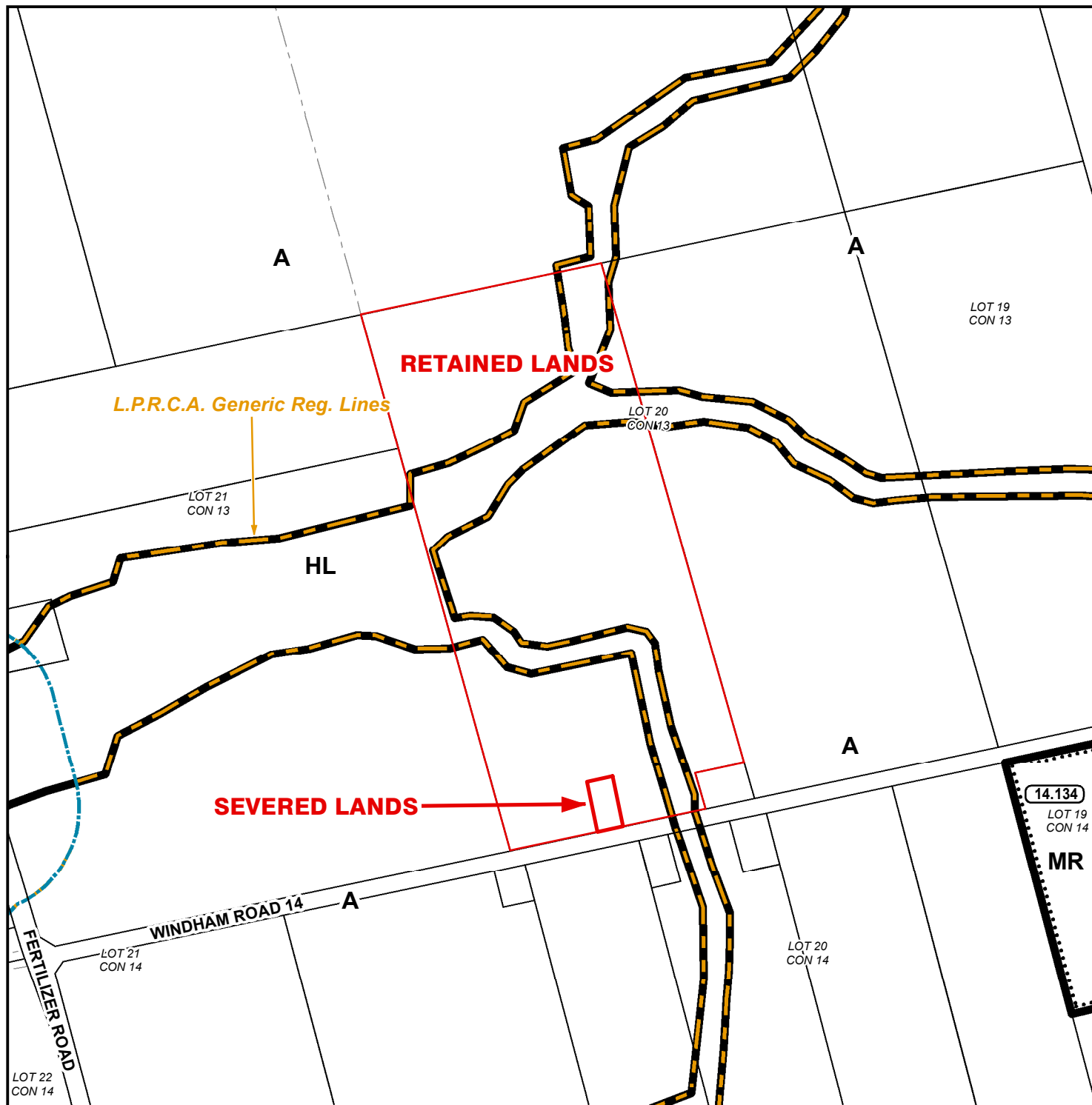
-  Subject Lands
-  Lands Owned

Official Plan Designations

-  Agricultural
-  Hazard Lands
-  Significant Woodland

11/7/2024





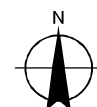
LEGEND

- Subject Lands
- Lands Owned
- Adjacent Lands
- LPRCA Generic RegLines

ZONING BY-LAW 1-Z-2014

11/7/2024

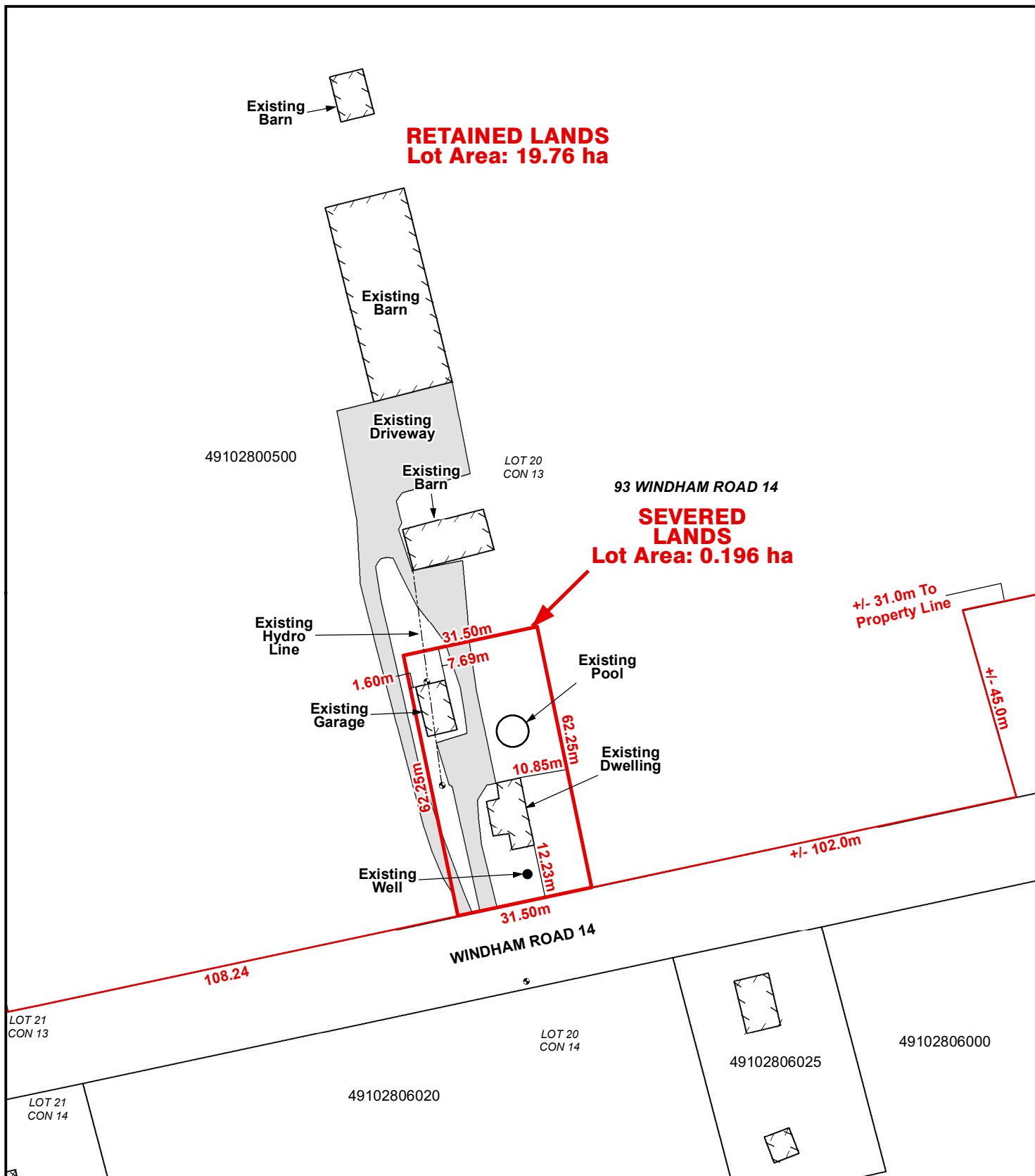
- (H) - Holding
- A - Agricultural Zone
- HL - Hazard Land Zone
- MR - Rural Industrial Zone



50 25 0 50 100 150 200
Meters

CONCEPTUAL PLAN

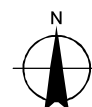
Geographic Township of WINDHAM



Legend

- Subject Lands
- Lands Owned

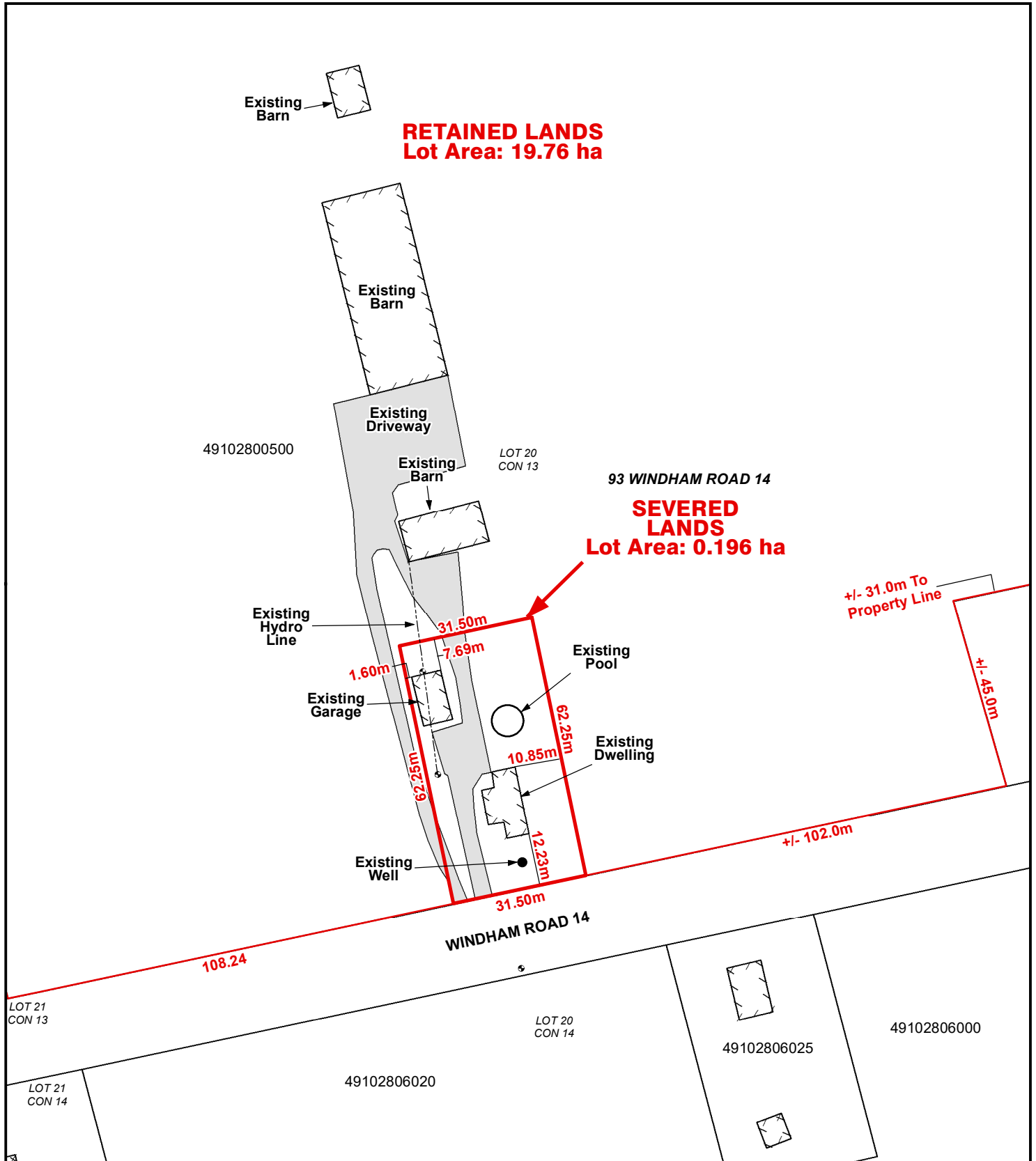
11/7/2024



10 5 0 10 20 30 40 Meters

CONCEPTUAL PLAN

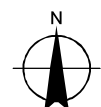
Geographic Township of WINDHAM



Legend

- Subject Lands
- Lands Owned

11/7/2024



10 5 0 10 20 30 40 Meters