

For use by the Town of East Gwillimbury

Application number:

Date received:

A. Project Information

| | | | |
|------------------------------|-------------|------------------------|----------|
| Building number, street name | | Unit number | Lot/con. |
| Municipality | Postal Code | M-Plan / R-Plan Number | |

B. Specify Building Type

| | |
|---|---|
| Multi-Unit Residential: <input type="checkbox"/> Dwelling Unit (New/Add) <input type="checkbox"/> Dwelling Unit (Alter) <input type="checkbox"/> Apartment Building | Non-Residential: <input type="checkbox"/> Indust./Comm. (New) <input type="checkbox"/> Indust./Comm. (Alter) <input type="checkbox"/> Institutional |
|---|---|

C. Building Drains / Sewers

| | | |
|---|---|---|
| Water (Dom) <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> Private (Well) | Water (Fire) <input type="checkbox"/> Municipal <input type="checkbox"/> Private | Sewage <input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewers <input type="checkbox"/> Private (Septic) |
|---|---|---|

D. Fixtures

E. Site Services Drains / Sewers [Specify length in metres]

| Specify Number of New or Relocated Fixtures only | Number of Fixtures | | | Diameter (mm) | 100 | 150 | 200 | 250 | 300 | >300 |
|--|--------------------|-------------|-------|---|----------------|---------|---------|-----|------------|------|
| | Below Grade | Above Grade | Total | | | | | | | |
| Bar Sinks | | | | Building Sanitary Sewer | | | | | | |
| Bathtubs | | | | Building Sanitary Drain | | | | | | |
| Showers | | | | Building Storm Sewer | | | | | | |
| Bidets | | | | Building Storm Drain | | | | | | |
| Wash Basins (Lavatories) | | | | Where applicable, specify number of: | | | | | | |
| Sinks (Kitchen, Service) | | | | Area Drains | | | | | | |
| Dishwashers | | | | Catch Basins | | | | | | |
| Laundry Tubs | | | | Manholes | | | | | | |
| Clothes Washer | | | | Intake Structures | | | | | | |
| Water Closets | | | | Outfall Structures | | | | | | |
| Hot Water Tanks | | | | Other (Specify): | | | | | | |
| Floor Drains | | | | F. Water Service | | | | | | |
| Test Backflow Preventer | | | | Combined Water Service: | mm (Diameter), | | | | m (Length) | |
| Other Backflow Preventer | | | | Domestic Water Main: | mm (Diameter), | | | | m (Length) | |
| Sump Pump | | | | Fire Service Main: | mm (Diameter), | | | | m (Length) | |
| Drinking Fountains | | | | Number of Fire Hydrants: | | | | | | |
| Urinals | | | | Number of Siamese Connections: | | | | | | |
| Grease/Oil Interceptor | | | | G. Other Appurtenances: (Specify Number of each) | | | | | | |
| Indirect Drains | | | | Hydronic Heating System | | | | | | |
| Roof Drains | | | | Other (Specify): | | | | | | |
| Other (Specify): | | | | H. Type of Material Used on Project | | | | | | |
| | | | | <input type="checkbox"/> NonComb | Specify | Specify | Specify | | | |
| | | | | <input type="checkbox"/> Comb | | | | | | |

I. Applicant Signature

_____ Date

_____ Signature of Permit Applicant