



Public Health & Emergency Services  
410 Buller Street, Woodstock Ontario N4S 4N2  
Phone: 519-539-9800 • Fax: 519-539-6206  
Web site: [www.county.oxford.on.ca/publichealth](http://www.county.oxford.on.ca/publichealth)

**PROCEDURE FOR PERFORMANCE REVIEW AND CHANGE OF USE APPLICATION**

The Ontario Building Code requires that sewage system(s) are sized according to the design sewage flow. Therefore, if you are adding:

- a) Bedrooms
- b) Plumbing fixtures
- c) ≥ 15 % of liveable floor space;

you may be required to upgrade your existing system to meet the Ontario Building Code.

If you are adding any outbuildings, garages, swimming pools etc... you must have a minimum separation between the building and your sewage system components. 1.5 meters to septic tank and 5 metres to distribution pipe.

For Change of Use (Change of major occupancy; if you are changing from commercial to residential etc...) you must ensure that the existing sewage system conforms to the requirements of the Ontario Building Code for the type of use of the structure after the change. If it will not conform to the code, upgrading of the system will be required.

Procedure:

1. Obtain the application form and instructional package from the Oxford County Board of Health Office.
2. Fully complete all sections of application and return completed application and fee to the Oxford County Board of Health. Cheques are payable to the Oxford County Board of Health. (See schedule below).
3. If upgrading is required, a soils test is required and must accompany your application. Application forms must be signed and dated by property owners. Please print your name as well as signing form. Ensure Page 5 and 6 of the guide are signed and returned with the soils analysis and completed application.
4. Once the application has been properly completed and submitted to us. The area inspector will carry out a site evaluation. If no upgrading is required by the Ontario Building Code, you will be given a signed Performance Review Application indicating we have no objection to your proposed plans.

If, additional upgrading is required your area inspector will advise you of the necessary steps to be taken in order to proceed (eg. third party design).

5. Do not proceed with any work until the Performance Review & Change of Use Application has been signed by an inspector and returned to you.

**FEE SCHEDULE**

<u>NATURE OF WORK</u>	<u>FEES</u>
Performance Review	\$206.00
Change of Use	\$309.00

**Please indicate at the top of the application form which of the items under Nature of Work you are applying for. Please ensure clear directions to your property are attached to the application.**

NOTE: Public Health Inspectors are not permitted by law to fill out any applications and/or act as consultants. You can retain private firms and/or contractors for this purpose.



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**Application for Performance Level Review**

Owner/Applicant:		Fee Paid:	Receipt No.	Permit:
Address:			Phone:	911 #
Municipality:	Lot:	Concession:	Plan:	

Directions to lot: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note: All records are filed by municipality, concession, plan and lot number. To assist in locating permits please provide the Name of Previous Owner(s): \_\_\_\_\_ Builder: \_\_\_\_\_  
 Date System Installed: \_\_\_\_\_

<b>Nature of Proposed Work:</b>	Addition to Building <input type="checkbox"/>	Change of Use <input type="checkbox"/>	Renovation <input type="checkbox"/>	Swimming Pool <input type="checkbox"/>
Other:	_____			
<b>Type of Premises (check all that apply)</b>	Existing	Proposed		
Single Family Dwelling	<input type="checkbox"/>	<input type="checkbox"/>		
Multi-Family Dwelling	<input type="checkbox"/>	<input type="checkbox"/>		
Number of Apartment Units	_____	_____		
Church or Lodge	<input type="checkbox"/>	<input type="checkbox"/>		
Restaurant or Food Premise	<input type="checkbox"/>	<input type="checkbox"/>		
Other Commercial	<input type="checkbox"/>	<input type="checkbox"/>		
Indicate	_____	_____		
Number of Bedrooms/Seating Capacity	_____	_____		
Fixture Units	_____	_____		
Size of Building (m <sup>2</sup> )	_____	_____		
<b>Existing Sewage System:</b>	Year Installed _____	Tile Length _____	Tank Size _____	litres
<b>Attach Soil Percolation:</b>	If upgrade required Test Result T= _____ min/cm			
<b>Water Supply:</b>	Dug Well <input type="checkbox"/>	Drilled Well <input type="checkbox"/>	Shallow Point <input type="checkbox"/>	Municipal Supply <input type="checkbox"/>
Other:	_____			

Complete a scale drawing of the existing building site and sewage system components. Indicate the proposed changes.

**DECLARATION**

I certify that the above information is complete and correct. Any work will conform to the Ontario Building Code requirements for sewage systems. Any changes from the plans, specifications or building locations proposed in this application must be provided to the Oxford County Board of Health for approval prior to any work being done. If, upon review, the existing sewage system requires upgrading under the Ontario Building Code, an application for a Sewage System Building Permit must be completed and submitted to the Oxford County Board of Health. The fee for this Performance Level Review will be deducted from the Sewage System Building Permit Application.

Signature of Owner/Applicant:	Date:
Signature of Authorized Agent:	Date:

Personal information on this form is collected under the authority of the Building Code Act and will be used to establish the identity of property ownership for communication purposes. Questions regarding the collection should be directed to the Manager, Health Protection Programs, Oxford County Board of Health.

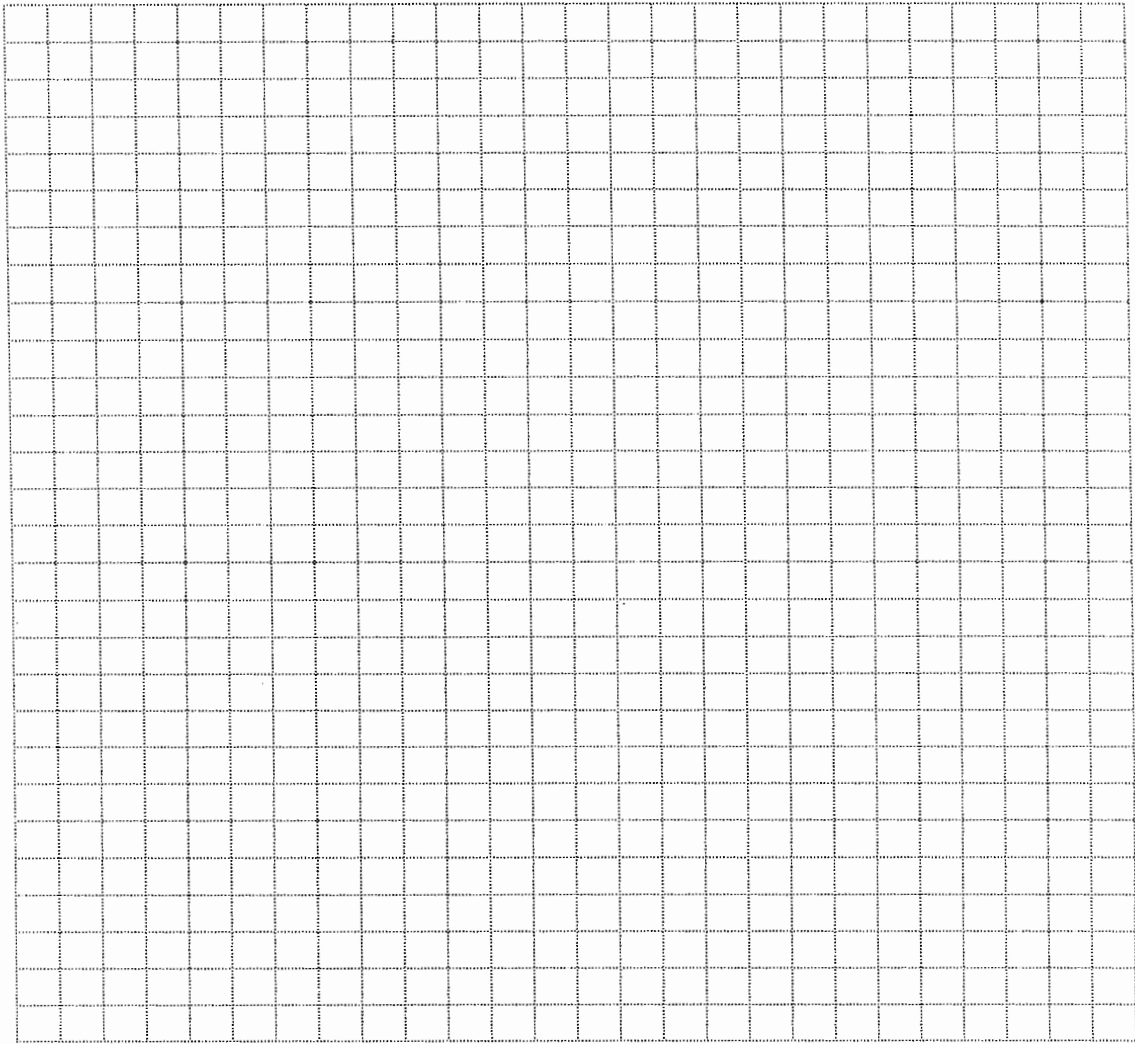
Permit Number
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### Lot Description and Sewage System Plan

Include the following on a scale or proportional drawing:

1. Outline of property with all dimensions. On large parcels include area around building site only.
2. Locations and dimensions of **proposed** and **existing** buildings, swimming pools, lakes, rivers, areas subject to flooding and any other pertinent topographical features (swamps, steep slopes, etc.).
3. Location and type of all existing and proposed water supplies including neighbouring supplies.

- **SITE PLANS MUST BE LEGIBLE AND DRAWN TO SCALE TO AVOID DELAYS**



<b>SITE INSPECTION REPORT (OFFICE USE ONLY)</b>	
Review date:	_____
Sewage system upgrade required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inspector's comments:	_____
Approved by:	_____ Date: _____