

NARVAEZ RD.

0.112

LEGAL DESCRIPTION:  
LOT 42 SECTION 9  
SATURNA ISLAND  
COMICHAH DISTRICT  
P.L. 005 - 723 - 345

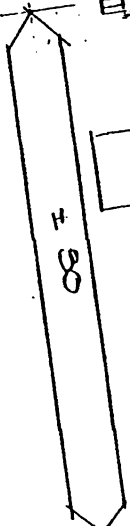
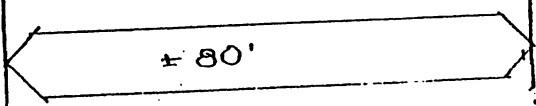
SITE PLAN 3/64 - 1'-0"

# GUEST CABIN FOR B. PAYNE

274.17

*Barren hill  
& trees*

PROPOSED  
GUEST  
CABIN



NORTH

SITING OF THE FOUNDATION SHALL  
BE CERTIFIED BY A B.C. LAND  
SURVEYOR PRIOR TO ISSUANCE OF  
THE CERTIFICATE OF OCCUPANCY

Scale	1" = 10'
Sheet No.	0
DATE	3/24/49
DESIGNED BY	
CHECKED BY	
DATE	
SIGNED	<i>[Signature]</i>
INSPECTOR	
DATE	
REMARKS	
REVISIONS	
NO. 5 (REV)	
REQUIREMENTS	
HEIGHT (maximum)	
FRONT	5'
SIDE	
REAR	
SECT.	

APPRO  
EXIST

EAST POINT RD

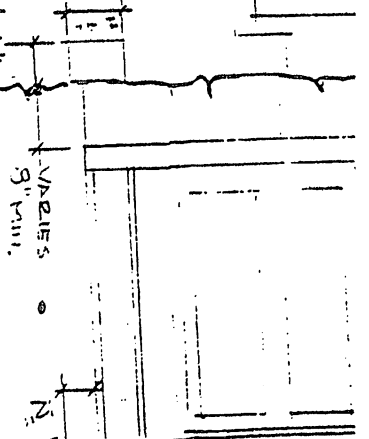
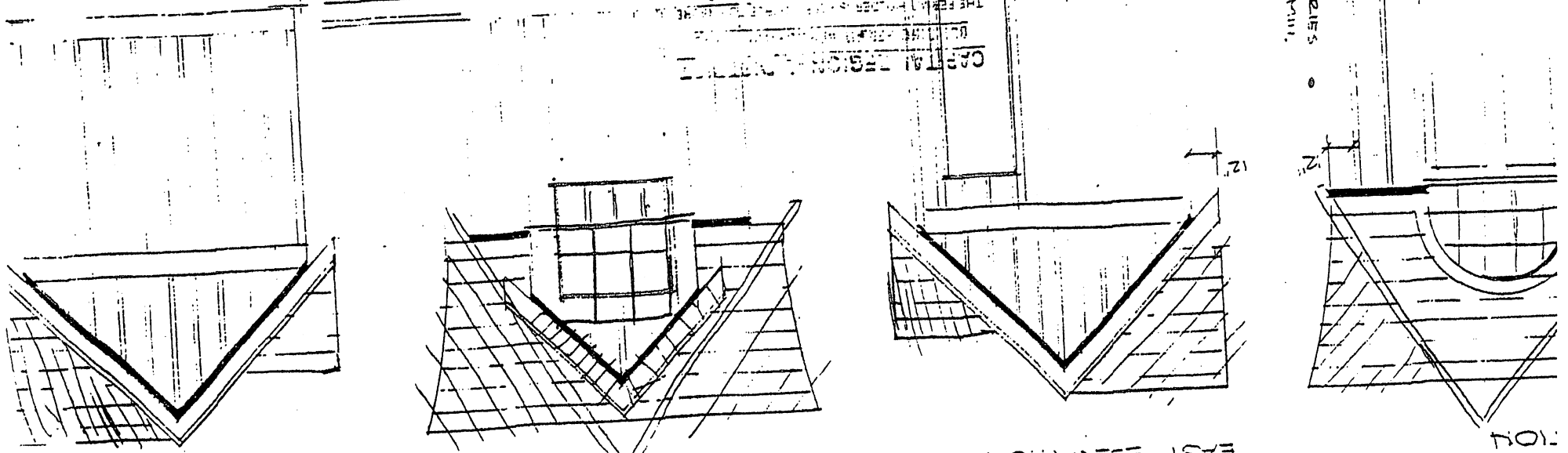
NOT TO CODE: details available

WEST ELEVATION

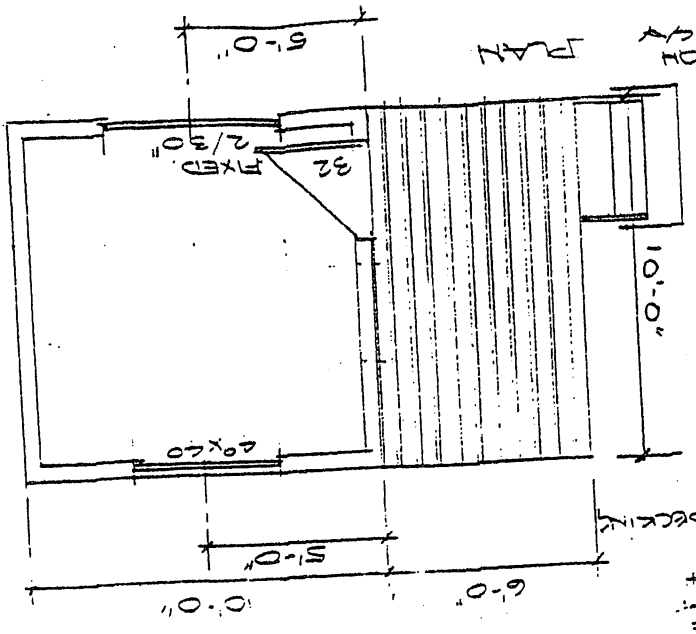
SOUTH ELEVATION

EAST ELEVATION

SECTION



2/2x6 RIM JOISTS @ 8" DIA CONC FIBER 2x4 ZAL METAL SHORS & JOIST



SECTION

BOARDS & BATTEN ON B.P.  
1/2 SHEATHING C/W CLIPS  
2x4 @ 25" O.C. PERP. TO  
2x8 @ 24" O.C. C/W  
R-20 BATT @ 16" O.C. C/W  
6 MIL POLY V.B.  
1/4" PL  
3/8" T&G DECKING  
2x8 @ 16" O.C. C/W  
R-20 BATT & FABRIC

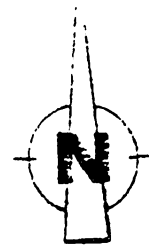
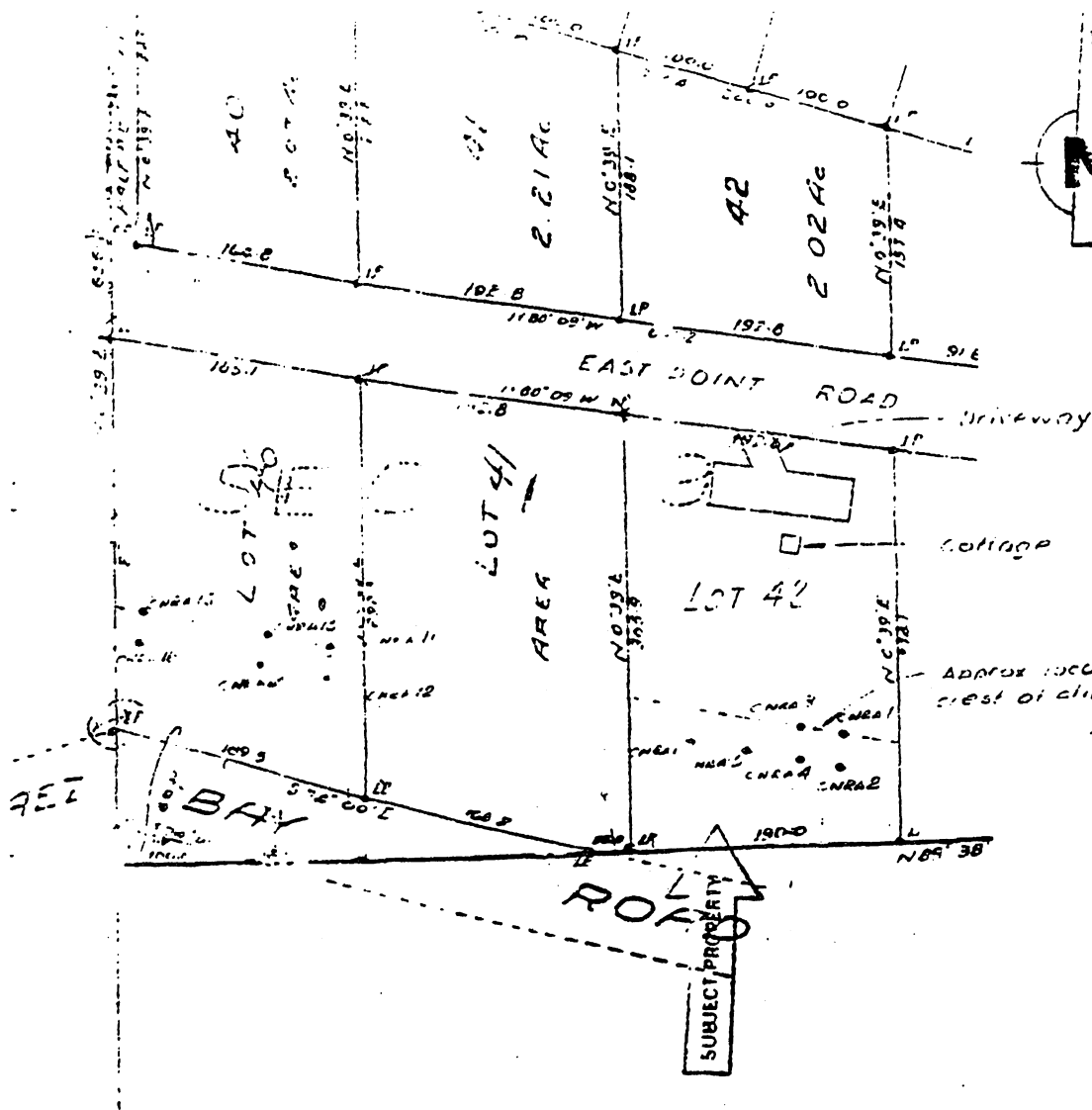
ASPHALT SHINGLES ON  
1/2 SHEATHING C/W CLIPS  
2x4 @ 25" O.C. PERP. TO  
2x8 @ 24" O.C. C/W  
R-20 BATT @ 16" O.C. C/W  
1/4" PL

2/2x4 RAFTERS

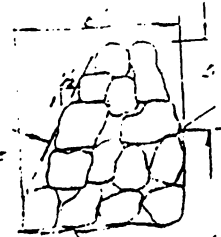
2x4 COLLECT TIES

APITAL REGIONAL DISTRICT  
Building Inspection Department  
JUL 6 11 01 AM '11  
CABIN FOR P. PAYMENT  
11 JUNE 2008  
1/4

APITAL REGIONAL DISTRICT  
THE FEDERAL BUILDING AND BUREAU OF INVESTIGATION  
CAPITAL BUILDING DISTRICT



1/4 H:1 V  
(horiz: vertical)  
inclination of face  
of boulder wall  
(or flatter)



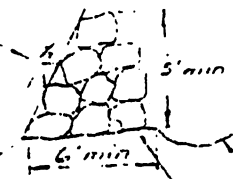
Approximate 30°  
natural slope

Base of boulders on flat bench of  
dense soil or bedrock

Cottage  
site

A sketch showing rock wall  
barrier on 30° slope  
(not to scale)

1/4 H:1 V  
or flatter  
Approx location of  
crest of cliff  
30° natural  
slope



Base of boulders on  
dense soil or bedrock

B sketch showing rock wall barrier  
on bench in the slope  
(not to scale)

Note: If making a cut into the slope, swale should be  
located down slope of a 1H:1V (horiz: vertical)  
projection from top of cut

Base plan taken from an unnumbered undated drawing provided  
by client.  
Location of crest of cliff, flags, CNRA1 to 6 driveway, cottage were estimated  
in the field by C.N. Ryzuk and Associates based on our site attendance of  
June 15, 1998. Locations as shown are approximate.

	Mr. R Payne	DRAWN J.R.F.
	LOCATION PLAN	DATE July 1999
	Lot 42, 100 Block	DRAWING NO. KJF
	No. 1062 Bay/E Point Rd. - Saturno Isl. B.C.	SCALE 1" = 100'
C.N. RYZUK & ASSOCIATES LTD. Geotechnical Engineering		DRAWING NO. 8-2440

(250) 475-3131

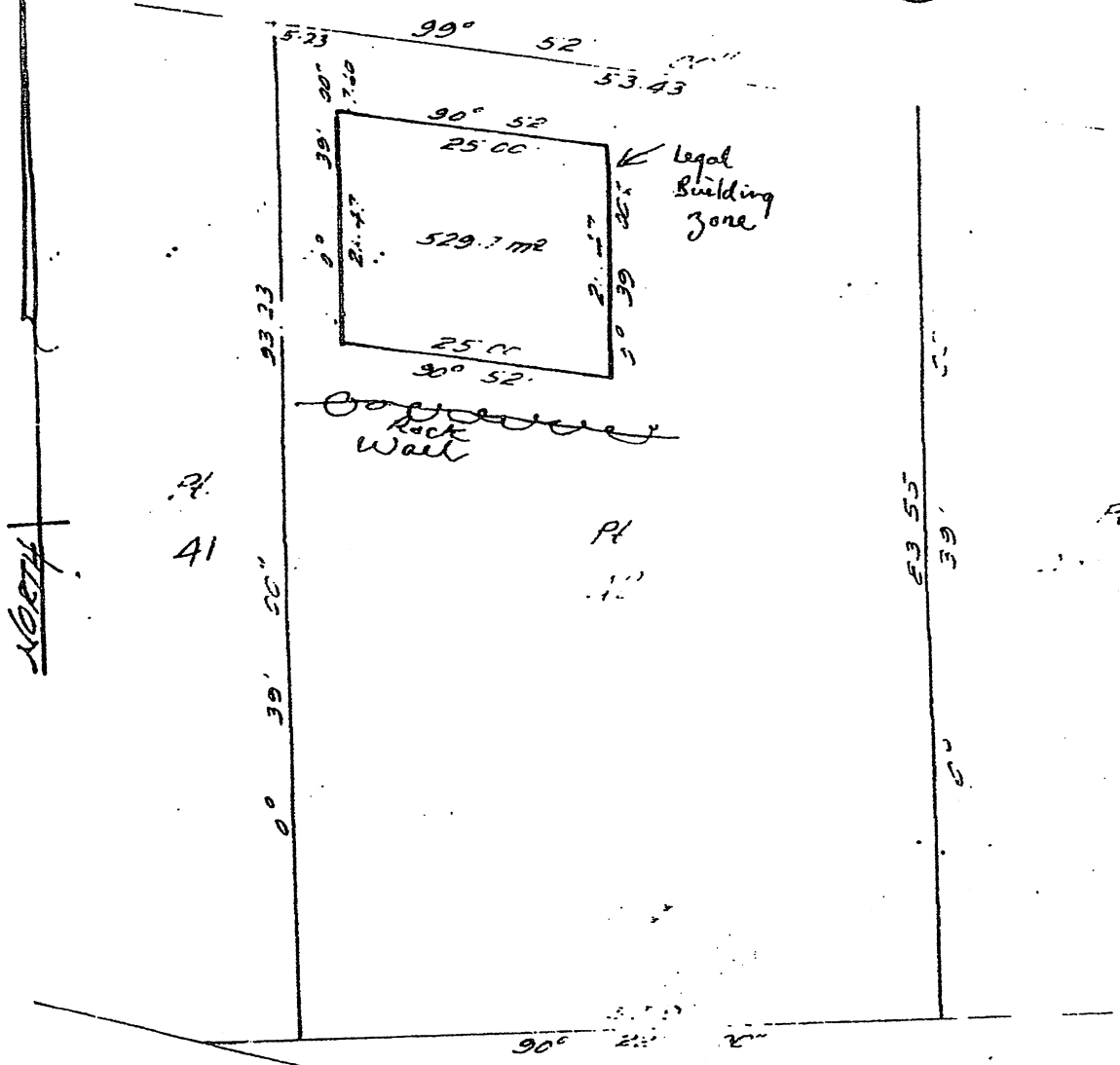
Reduced 73%

Scale 1:500



Assume bearing and distance from the  
1922 survey to be correct

210 EAST POINT ROAD



NARVAEZ BAY ROAD

P:07 36506

Certified Correct

M. Nicolson G.C.S.  
August 14, 1992



# APPLICATION FOR SEWAGE DISPOSAL SYSTEM PERMIT

**COMPLETE TOP SECTION ONLY**

NEW CONSTRUCTION    
  ALTERATION    
  REPAIR

<b>LOT/PARCEL INFORMATION</b>	LEGAL DESCRIPTION OF PROPOSED DISPOSAL SYSTEM LOCATION		DISTRICT <u>Cowichan</u>	BLOCK <u>154A-V</u>
	PLAN <u>360</u>	LOT <u>42</u>	SECTION <u>9</u>	
	STREET ADDRESS/GENERAL LOCATION <u>210 EAST POINT RD.</u>			TELEPHONE <u>250-389-14</u>
<b>OWNER</b>	NAME <u>RODERICK PAYNE</u>		MAILING ADDRESS <u>308-827 NORTH <sup>MARK ST</sup> VICTORIA</u>	
<input checked="" type="checkbox"/> WISHES TO RECEIVE CORRESPONDENCE	NAME <u>JRTO</u>		POSTAL CODE <u>V8V 3Y5</u>	
<b>APPLICANT</b>	NAME <u>JRTO</u>		TELEPHONE <u>250-537-592</u>	
<input checked="" type="checkbox"/> WISHES TO RECEIVE CORRESPONDENCE	MAILING ADDRESS <u>P.O. Box 130</u>		CITY <u>STOURM A. B.C.</u> POSTAL CODE <u>VON 2Y0</u>	
<b>PREMISES INFORMATION</b>	SEWAGE DISPOSAL SYSTEM WILL SERVE:			NUMBER OF BEDROOMS <u>2</u>
	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER SPECIFY _____			GARBURATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>SYSTEM INFORMATION</b>	APPROVED SEPTIC TANK		APPROVED PACKAGE TREATMENT PLANT	
	MANUFACTURER <u>Primor</u>	MAKE	SAND MOUND INFILTRATION BED AREA	
	MATERIAL <u>PVC</u>	MODEL	PIPE DIAMETER	
	LIQUID VOLUME OF SEPTIC TANK <u>1100</u>	TREATMENT CAPACITY	TOTAL LENGTH OF PIPE/CHAMBER <u>200'</u>	
<b>SITE INFORMATION</b>	AREA OF LOT: <u>± 1 A.</u>		SOURCE OF DOMESTIC WATER: <u>Local Ha. 2. Sewer</u>	
	DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER & BODIES OF NON-TIDAL WATER:			
	FROM OWN WELL:		FROM STREAM OR LAKE:	
	FROM NEIGHBOURS WELL:		FROM WATER LINES: <u>± 30'</u>	
<input checked="" type="checkbox"/> COMPLETED SITE INVESTIGATION REPORT REQUIRED	ARE THERE ANY RESTRICTIVE COVENANTS AND/OR EASEMENTS WHICH WILL AFFECT THE LOCATION OF THE SYSTEM? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, EXPLAIN AND ATTACH DOCUMENT			
<b>SIGNATURE</b>	THE INFORMATION ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE:			DATE: <u>Aug. 4/01.</u>
	SIGNATURE: <u>[Signature]</u>			

ATTACH A SITE PLAN TO THE COMPLETED APPLICATION PACKAGE (Application Form, Notice, Authorization and Site Investigation Report)

<b>PERMIT NUMBER</b>	PURSUANT TO THIS APPLICATION, THE ONSITE SEWAGE DISPOSAL GUIDELINES AND THE SEWAGE DISPOSAL REGULATION, PERMITS HEREBY GRANTED TO CONSTRUCT, INSTALL, ALTER, OR REPAIR A SEWAGE DISPOSAL SYSTEM. THIS PERMIT MAY BE CANCELLED IF VARIATIONS ARE MADE TO THESE PLANS AND SPECIFICATIONS. CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR ENVIRONMENTAL HEALTH OFFICER.		
<b>PERMIT TO CONSTRUCT</b>	<p><b>ALTERNATE METHOD - SEPTIC TANK.</b></p> <p>200 FEET OF 36 INCH CHAMBERS REQUIRED.</p> <p>FILTER CLOTH REQUIRED.</p> <p>FILTER/SCREEN REQUIRED.</p> <p>PUMP OR SIPHON CHAMBER REQUIRED.</p> <p>PRESSURE DISTRIBUTION.</p> <p>INSTALL AN INTERCEPTOR DRAIN.</p> <p>FINAL SYSTEM PLAN REQUIRED.</p>		
<input checked="" type="checkbox"/> CONDITIONS			
<input type="checkbox"/> APPLICATION REJECTED			
<b>REASONS</b>			
<b>OFFICE USE ONLY</b>	PAID <input checked="" type="checkbox"/> E.H.O.: <u>[Signature]</u> DATE: <u>01/08/15</u>		
AMOUNT <u>250.00</u>	NOTE: AUTHORIZATION TO USE A SEWAGE DISPOSAL SYSTEM MUST BE GRANTED IN WRITING BY THE AUTHORITY HAVING JURISDICTION BEFORE BACKFILLING. CHECK WITH YOUR LOCAL AUTHORITIES REGARDING BUILDING AND ZONING BYLAWS.		
# OF RECEIPTS <u>975</u>	BACKFILLING AND USE AUTHORIZED <input type="checkbox"/> YES <input type="checkbox"/> NO		
<u>[Signature]</u>	COMMENTS		