

Amount of Fee Paid:	Cheque No.:
Receipt No.:	_Date:

<b>FILE</b>	NO:	

## APPLICATION FOR A SEWAGE SYSTEM MAINTENANCE INSPECTION

To Be Completed By Applicant						-	
Property Information							
Building number, street name					Lot Number	Concession	
Municipality Ward			Postal code	Э	Plan number	Sublot number	
Roll #							
Applicant App	olicant is:	Owner o	or 🗆 Auth	horized Age	nt of Owner		
Last Name	ast Name First Name			Corporation or Partnership			
Telephone Number	Fax Number			Mailing Address			
( )	( )					15	
E-mail Address	Cell Nu	umber				Postal Code	
Property Owner (if different from	applicant)						
Last name	First na	ame		Corporation or partnership			
Telephone number ( )	Fax Nu	Fax Number		Mailing Address			
E-mail Address	Cell Nu	umber				Postal Code	
Purpose of Application							
☐ Minor Variance ☐ Zoning By-law Amendment		w □ Building Renovation		☐ Sewage System ☐ Real Estate/ Reinspection Property Sale			
Proposed use of building		Current use of building					
Description of proposed work							
Type of Sewage System							
A) Privy: B) Grey Water (Leaching) Pit C) Septic Tank System D) Holding Tank E) Other					nk E) Other		
☐ Earth Pit ☐ Vault							
□ Pail □ Other Sewage System Permit Number (if known)							
Declaration of Applicant							
1						certify that:	
(print name)							
<ol> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>I have authority to bind the corporation or partnership (if applicable).</li> </ol>							
Date Signature of applicant							

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	File No:			
Pro	ΓΕ PLAN  ovide the following information:			
	Location of sewage system components (eg. tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing onsite sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools. Lot dimensions, topographic features (e.g. swamps, steep slopes) near system.			
-, 	Lot difficition, topograpino roataros (o.g. swamps, stoop slopes) floar system.			
Γ	Directions to Your Lot:			
L				

Personal information contained on this form is collected under the authority of the *Building Code Act*, 1992, and will be used in the administration and enforcement of the *Building Code Act*, 1992. Questions concerning the collection of this information should be directed to the Clerk for the Township of Montague at 613-283-7478 x 210.



P. O. Box 755, 6547 Roger Stevens Drive, Smiths Falls, Ontario, K7A 4W6 Phone: 613-283-7478 / Fax: 613-283-3112

www.montaguetownship.ca

## AUTHORIZATION FOR AN APPLICATION FOR A SEWAGE SYSTEM PERMIT BY A PERSON OTHER THAN THE LEGAL OWNER

ļ	, being the legal owner of the subject
property described as Lot, Conces	sion, Township of Montague,
authorize	whose mailing address and phone number
is	
to apply for a Sewage System Permit and the ass	ociated site inspection on my behalf.
	Signature of Legal Owner
	Signature of Legal CWHel