



**Building Services Department**  
**Change of Septic Use Permit Application**

**For Office Use Only**

Permit # 0 -	Roll # 4341-	Date Received:	
<b>Owner Information</b>		<b>Authorized Agent of Owner</b>	
Last Name	First Name	Last Name	First Name
Street Address		Street Address	
City/Province	Postal Code	City/Province	Postal Code
Home Phone	Alternate Phone	Home Phone	Alternate Phone

**Project Information**

Building number, street name	Lot	Plan	Con.
Town/Municipality		Province	Postal Code

Number of:	Before Change:	After Change:	Number of:	Before Change:	After Change:
Dishwashers			Bedrooms		
Garbage Grinders			Separate Dwelling Units		
Hot Tubs/Spas			<b>Finished Floor Area</b> <input type="checkbox"/> Sq Ft <input type="checkbox"/> Sq M		
Kitchen Sinks			Area	Before Change	After Change
Laundry Tubs			Basement		
Toilets			First Floor		
Tubs/Showers			2 <sup>nd</sup> Floor		
Wash basins			3 <sup>rd</sup> Floor		
Washers			Other		
<b>TOTAL</b>			<b>TOTAL</b>		

Additional Appliances: Water filter  Water Softener  Do they backwash into sewer lines?  Yes  No

Water Source:  Drilled Well  Dug Well  Municipal Well  Communal Well  Other \_\_\_\_\_

Sewage system installation date : \_\_\_\_\_ Septic Use Permit attached  Yes  No

**Attach: 2 copies of a complete/detailed site plan accurately showing property and proposed work and Septic Use Permit (if applicable).**

**Declaration**

1. I agree to comply with the provisions of the Building and Zoning By-laws of the Municipality and any amendments thereto. I further agree that neither the granting of a Permit, nor the approval of the drawings and specifications, nor the inspections made by the authority having jurisdiction during the work on the building, shall in any way relieve me from full responsibility for carrying out the work in accordance with the Ontario Building Code and the Regulations thereunder.
2. I hereby certify that I have knowledge of the particulars contained in the foregoing Statements, and I solemnly declare that the same are in every respect, fully and truly stated to the best of my knowledge and belief, as if made under and by virtue of The Canada Evidence Act.

Signature of Owner or Authorized Agent	Print Name	Date
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<input type="checkbox"/> Granted as proposed	<input type="checkbox"/> Granted with conditions noted below	<input type="checkbox"/> Unable to approve, reasons noted below
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Chief Building Official or Designate	Date