



Amount of Fee Paid: _____	Cheque No.: _____
Receipt No.: _____	Date: _____

FILE 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	Plan number	Sublot number
Roll #				
Applicant				
<b>Applicant is:</b> <input type="checkbox"/> Owner   or <input type="checkbox"/> Authorized Agent of Owner				
Last Name		First Name	Corporation or Partnership	
Telephone Number (   )		Fax Number (   )	Mailing Address	
E-mail Address		Cell Number (   )	Postal Code	
Property Owner (if different from applicant)				
Last name		First name	Corporation or partnership	
Telephone number (   )		Fax Number (   )	Mailing Address	
E-mail Address		Cell Number (   )	Postal Code	
Purpose of Application				
<input type="checkbox"/> Minor Variance <input type="checkbox"/> Zoning By-law Amendment <input type="checkbox"/> Building Renovation <input type="checkbox"/> Sewage System Reinspection <input type="checkbox"/> Real Estate/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 <input type="checkbox"/> Earth Pit <input type="checkbox"/> Vault <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pail <input type="checkbox"/> Other _____                                      Sewage System Permit Number (if known) _____				
Declaration of Applicant				
I _____ (print name) _____ certify that:				
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.				
2. I have authority to bind the corporation or partnership (if applicable).				
_____			_____	
Date			Signature of applicant	

# APPLICATION FOR A SEWAGE SYSTEM MAINTENANCE INSPECTION

File No: \_\_\_\_\_

## SITE PLAN

Provide the following information:

- a) 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 on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.
- b) Lot dimensions, topographic features (e.g. swamps, steep slopes) near system.

<b>Directions to Your Lot:</b>



6544 New Dublin Rd, RR 2, Addison, ON K0E 1A0  
Phone: 613-345-7480 / Fax: 613-345-7235  
[www.ektwp.ca](http://www.ektwp.ca)

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

I, \_\_\_\_\_, being the legal owner of the subject  
property described as Lot \_\_\_\_\_, Concession \_\_\_\_\_, Township of Elizabethtown-Kitley,  
authorize \_\_\_\_\_ whose mailing address and phone number  
is \_\_\_\_\_  
to apply for a Sewage System Permit and the associated site inspection on my behalf.

\_\_\_\_\_  
Signature of Legal Owner