



6544 New Dublin Rd, RR 2, Addison, ON
Phone: 613-345-7480 / Fax: 613-345-7235
www.ektwp.ca

Request to transfer Sewage System Permit No _____ to new owner of the property.

I,

Name: _____

Address: _____

Telephone No. _____

Am now the legal owner of the property for which the above Permit was issued.

My signature hereunder signifies that I wish to assume responsibility for, and will comply with, all requirements of the above-identified Sewage System Permit.

Owner's Signature

Date

(Office Use)

The request to transfer Sewage System Permit No. _____ has been

Approved

Denied

Chief Building Official,
Building Code Act

Date