

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.

Directions to Your Lot:

R: 03/15 – LC 328

458 Laurier Blvd.
Brockville, ON
K6V 7A3
Telephone: 613-345-5685
Fax: 613-345-7148



25 Johnston St.
Smiths Falls, ON
K7A 0A4
Telephone: 613-283-2740
Fax: 613-283-1679

**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 _____, Sub lot _____

Township of _____, Ward _____

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

O:LC 04/1998 - 317
R:LC 03/2013 - 317