

Sewerage System Information Request

| Applicant information | | |
|---|---------------------------------|--------------------------------|
| Applicant name | Phone | Cell phone |
| Email address | | |
| Mailing Address | City | Postal Code |
| Property information | | |
| Property legal description | Tax assessment roll # (Folio #) | |
| | Jurisdiction: | Roll #: |
| Property address | City | Postal Code |
| <p>Note:</p> <ul style="list-style-type: none"> • There may not be any sewerage system information on file. • A search of our records will be conducted. • A \$50 processing fee will be charged for this search. Fees are payable to Northern Health Authority and can be paid in cash, cheque, credit or debit card. | | |
| Applicant signature | Applicant name (Print) | Date of signature (YYYY-MM-DD) |

| Office use only: Findings on property search provided | | | |
|---|---|--|-----------|
| <input type="checkbox"/> No requested record on file | <input type="checkbox"/> Authorization to operate a sewage disposal system | | |
| <input type="checkbox"/> As built site plan | <input type="checkbox"/> Record of Sewerage System | | |
| <input type="checkbox"/> Maintenance plan | <input type="checkbox"/> Letter of certification | | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Permit to construct, install, alter or repair a sewage disposal system | | |
| Date processed | Initial | Processing fee paid | Receipt # |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

