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Smiths Falls, ON  
K7A 0A4  
Telephone: 613-283-2740  
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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 \_\_\_\_\_, 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 03/2015 - 317