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25 Johnston St.
Smiths Falls, Ont
K7A 0A4

Tel: (613) 283-2740
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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

R: 03/15 LC - 316