



**PETERBOROUGH COUNTY-CITY
HEALTH UNIT**
10 HOSPITAL DRIVE
PETERBOROUGH, ONTARIO K9J 8M1
Telephone (705) 743-1000 – Fax (705) 743-1810

FOR OFFICE USE ONLY
File No.:
Receipt No.:
Date Received:

Existing Sewage System Application

OWNER INFORMATION		
Name: _____	Telephone: (H) _____	(W) _____
Mailing Address: _____		
Postal Code: _____	Name of Agent: _____	Telephone: _____

PROPERTY DESCRIPTION		
Municipality: _____	Township: _____	
House No./Street/Road: _____	Lot: _____	Conc: _____
Plan No.: _____	Sublot: _____	Roll Number: _____
Lot Dimensions:		
Frontage: _____	Depth: _____	Area: _____

EXISTING SEWAGE SYSTEM INFORMATION	
Indicate Type: Septic Tank/Leaching Bed [] Holding Tank [] Other _____	
Do you possess records respecting your existing sewage disposal system?	
Yes []	If "yes", attach copies of the records or provide permit number. _____
No []	If "no", state year that: (1) sewage system installed: _____
	(2) premises built: _____
	(3) owner of property when system installed: _____

REASON FOR APPLICATION
Addition [], Alteration [], or Change in Use [], Other [] _____

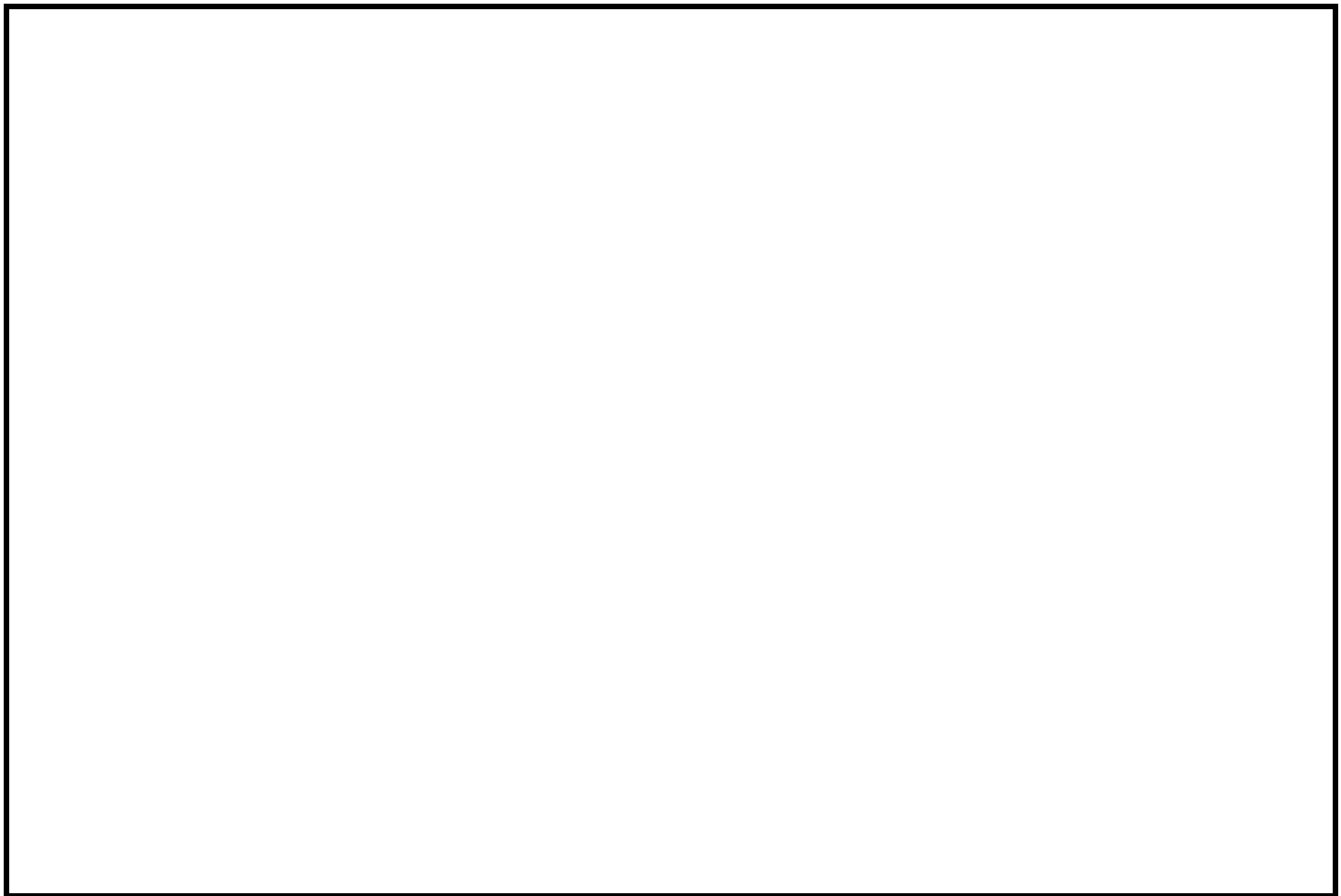
PROPOSAL		
EXISTING	PROPOSED	TOTAL ON COMPLETION
Square Footage _____	Square Footage _____	Square Footage _____
Bedrooms _____	Bedrooms _____	Bedrooms _____
Toilets _____	Toilets _____	Toilets _____
Bathtubs and/or Showers _____	Bathtubs and/or Showers _____	Bathtubs and/or Showers _____
Kitchen Sink _____	Kitchen Sink _____	Kitchen Sink _____
Washbasins _____	Washbasins _____	Washbasins _____
Dishwashers _____	Dishwashers _____	Dishwashers _____
Clothes Washers _____	Clothes Washers _____	Clothes Washers _____
Laundry Tubs _____	Laundry Tubs _____	Laundry Tubs _____
Garage/Outbuildings _____	Garage/Outbuildings _____	Garage/Outbuildings _____
Other _____	Other _____	Other _____

DIRECTIONS TO PROPERTY

(Show Highways, Roads, Signs, Landmarks, etc. to Follow)

LOT DIAGRAM AND SEWAGE SYSTEM PLAN:

- (a) Show lot lines, lot dimensions, all structures and proposed additions.
- (b) Indicate exact location of the existing septic tank and leaching bed, including their horizontal distance to any buildings or structures (proposed or existing).



ATTENTION APPLICANT OR AGENT

Personal information contained on this form is collected pursuant to the Ontario Building Code Act, 1992 as amended, and will be used for the purpose of considering your application for a permit.

I certify that the information contained on this application form is complete and correct to the best of my knowledge.

2008 Fee = \$200.00

Signature
(Owner/Agent)

Date