



Northwestern  
Health Unit

www.nwhu.on.ca

## Authorization to Delegate Authority to Submit Sewage System Application

I, \_\_\_\_\_, am a legal owner of the subject property and have the permission of any other owner(s) to delegate authorization to make application for a sewage system permit. Other owners include (if applicable), \_\_\_\_\_.

I can be contacted by email \_\_\_\_\_ or  
phone \_\_\_\_\_.

The person allowed to submit the application on my/our behalf is \_\_\_\_\_ and  
can be contacted by email \_\_\_\_\_ or phone \_\_\_\_\_.

The property is described as Property Identification Number (PIN) \_\_\_\_\_ and/or  
Parcel \_\_\_\_\_ . Lot \_\_\_\_\_ of Plan \_\_\_\_\_ . Other \_\_\_\_\_ .

I/we understand the sizing of a sewage system is dependent on accurate dwelling information,  
including proposed modifications/additions to the structures on the property.

Signed \_\_\_\_\_ Date \_\_\_\_\_.

Please send this form in, along with your permit, to [part8@nwhu.on.ca](mailto:part8@nwhu.on.ca) or provide hard copy to the  
Northwestern Health Unit office.

For more information contact:

Chief Building Official

210 First Street North

Kenora, ON P9N 2K4

1-800-830-5978

[part8@nwhu.on.ca](mailto:part8@nwhu.on.ca)

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