## Request for Sewage Permit Search

Receipt Number:	Amount Paid:	Date:	
Contact Information			
		Phone:	
Email:		Fave	
Mailing Address:			
Search Requested By:		Phone:	
		_	
Mailing Address:			
<b>Legal Description</b> Please provide additional lot	information in addition to the Proper	ty Identification Numb	er (PIN)
Lot Number:	Sub Lot/Plan:	Parcel:	
Previous Owners' Info	rmation		
Name		Owned from	to
1			
Approximate date of system			
functioning properly or will cont	is older than 35 years are not available. A inue to function. The Northwestern Heales no assertions that the document(s) proesent dwelling.	th Unit has not re-inspect	ed this property for the
Signature of Owner/Designa	te:	Date:	
Return compl 210 First Street North,	eted form and a fee of \$100.00 (payable Kenora, ON P9N 2K4 Phone:		Unit) to: Fax: 807-468-3914
For Northwestern Health Unit C	Office use only		
Based on the information pro	ovided, no permit was found.		
A copy of the permit, Certific	cate of Approval or Certificate of Comple	etion is attached. Permit #	!
A Use Permit/Certificate of C	Completion was not issued		
There are Northwestern Hea	lth Unit work orders outstanding against	this sewage system.	
Signature of Chief Building (	Official:	Date:	

For more information, please email the Chief Building Official at part8@nwhu.on.ca

Personal information is collected under the authority of the Health Protection and Promotion Act and related legislation and in accordance with the Personal Health Information Protection Act and/or the (Municipal) Freedom of Information and Protection of Privacy Act. We collect only the personal information needed to provide public health programs and to plan and evaluate our services. Your information may be shared with others as required or permitted by law. For more information contact the health unit at 800-830-5978 or see the privacy statement on our website at www.nwhu.on.ca.

