



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 permits@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

permits@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 web-site at www.nwhu.on.ca.

