## **Request for Sewage Permit Search**

Receipt Number:	Amount Paid:	Date:	
Contact Information			
Present Owner Name:		Phone:	
_ "		_	
Mailing Address:			
Search Requested By:		Phone:	
Email:		Гом	
Mailing Address:			
Legal Description			
•	nformation in addition to the Property Id	dentification Number (F	PIN)
Lot Number:	Sub Lot/Plan:	Parcel:	
Previous Owners' Info	ormation		
Name		Owned from	to
1			
_			
Approximate date of system's			
functioning properly or will contin	s older than 35 years are not available. A fi ue to function. The Northwestern Health U s no assertions that the document(s) provio sent dwelling.	Init has not re-inspected	this property for the
Signature of Owner/Designate	∋:	Date:	
Return comple 210 First Street North, K	eted form and a fee of \$100.00 (payable to enora, ON P9N 2K4 Phone: 807		Jnit) to: x: 807-468-3914
For Northwestern Health Unit Off	ice use only		
Based on the information prov	vided, no permit was found.		
A copy of the permit, Certifica	ate of Approval or Certificate of Completion	is attached. Permit #	
A Use Permit/Certificate of Co	ompletion was not issued		
There are Northwestern Healt	th Unit work orders outstanding against this	s sewage system.	
Signature of Chief Building Of	fficial:	Date:	
Signature of Office Dulluling Of	noidi.	Date	

For more information, please email the Chief Building Official at 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 website at www.nwhu.on.ca.

