

APPLICATION FOR A SEWAGE SYSTEM MAINTENANCE INSPECTION

File No: _____

SITE PLAN

Provide the following information:

- a) Location of sewage system components (eg. tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.
- b) Lot dimensions, topographic features (e.g. swamps, steep slopes) near system.

Directions to Your Lot:



P. O. Box 755, 6547 Roger Stevens Drive, Smiths Falls, Ontario, K7A 4W6
Phone: 613-283-7478 / Fax: 613-283-3112
www.montagu township.ca

**AUTHORIZATION FOR AN APPLICATION FOR A SEWAGE
SYSTEM PERMIT BY A PERSON OTHER THAN THE
LEGAL OWNER**

I, _____, being the legal owner of the subject
property described as Lot _____, Concession _____, Township of Montague,
authorize _____ whose mailing address and phone number
is _____
to apply for a Sewage System Permit and the associated site inspection on my behalf.

Signature of Legal Owner