



P. O. Box 755, 6547 Roger Stevens Drive, Smiths Falls, Ontario, K7A 4W6  
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**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