



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

Request to transfer Sewage System Permit No _____ to new owner of the property.

I,

Name: _____

Address: _____

Telephone No. _____

Am now the legal owner of the property for which the above Permit was issued.

My signature hereunder signifies that I wish to assume responsibility for, and will comply with, all requirements of the above-identified Sewage System Permit.

Owner's Signature

Date

(Office Use)

The request to transfer Sewage System Permit No. _____ has been

Approved

Denied

Chief Building Official,
Building Code Act

Date