MUNICIPALITY OF WEST PERTH
P.O. Box 609, 169 St. David St., Mitchell, ON
Telephone: (519) 348-8429 Fax: (519) 348-8935

Application for a Building Permit for a Sewage System

Building Officials will not complete this form. The Application Form must be completed in **triplicate** and in ink.

Owner:	Contractor:
Address:	Address:
Postal Code:	Postal Code:
Tel. Home ( ) Work: ( )	Tel. Home ( ) Work: ( )

Provide the following property information for the proposed undertaking(s)

Ward	Lot & Con.	Plan No.	Sub Lot #	911 #	Property Size

Is the property part of a subdivision? Yes ____ No ____ If yes, name of subdivision _____

Has the property been severed in the last 15 years? Yes ____ No ____ Severance # _____

Are there any other sewage systems on this property? Yes ____ No ____

What is the zoning designation of the property? _____

Use of Existing Buildings And Their Floor Area

1 _____ _____m2 4 _____ _____ m2

2 _____ _____m2 5 _____ _____ m2

3 _____ _____m2 6 _____ _____ m2

Draw a site plan which locates all features and structures with al distances indicated.
Include the following on the site plan:

- property lines & topographic features – water bodies and courses/swamps/slope degree & direction
- existing & proposed structures – all buildings, driveways, easements, wells (state: dug, bored or drilled – include neighbours)
- existing & proposed sewage systems – tank and tile field orientation, distribution lines, mantle area, details of existing system if it remains in use, field drains