

APPLICATION TO TRANSFER SEWAGE SYSTEM PERMIT TO NEW OWNER



Public Health
Santé publique
SUDBURY & DISTRICTS

Health Protection Division
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Cash Debit Cheque Visa MC

Date received: _____ Receipt #: _____

This form is to be accompanied by a \$100.00 fee payable to Public Health Sudbury & Districts.

New owner information

Legal name: _____

Chosen name (if different than legal name): _____

Telephone: Home: _____ Work: _____

Mailing address: _____ City/Province: _____ Postal code: _____

Proof of ownership (Land transfer document attached.)

Legal description

Municipality: _____ Township: _____ Lot: _____ Conc: _____

Parcel(s): _____ Plan No.(s): _____ Sublot(s): _____

PIN: _____ Other: _____

House number: _____ Street/Road: _____ City: _____

Sewage system permit information

Sewage system permit number: _____ No permit number (Please complete information below.)

State the legal name of the previous owner: _____

I hereby certify that the information contained in this application is correct to the best of my knowledge.

Owner's Signature: _____ **Date:** _____

To meet public health requirements, any personal information on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990; Smoke Free Ontario Act, S.O. 2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Healthy Menu Choices Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. Questions about this collection should be directed to the Program Manager at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury, ON P3E 3A3, 705.522.9200, ext. 398.*

R: 03/2024