APPLICATION TO TRANSFER SEWAGE SYSTEM PERMIT TO NEW OWNER



Health Protection Division 1300 Paris Street, Sudbury, ON P3E 3A3

Tel: 705.522.9200, ext. 398

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Date received:		· #•			
This form is to be accomp				ts.	
New owner informat	ion				
	Wor				
		City/Province:			
Proof of ownership (La					
Legal description					
Municipality:	Towns	hip:	Lot:	Conc:	
Parcel(s):	Plan No.(s):			Sublot(s):	
PIN: Oth	ier:				
House number:					
Sewage system perm	nit information				
Sewage system permit number:			No permit number (Please complete information below.)		
State the name of the pre	vious owner:				
I hereby certify that the in	nformation contained	in this application is c	orrect to the best of m	ıy 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.