



Municipality of Dysart et al  
 Building Department  
 135 Maple Avenue, Box 389  
 Haliburton, Ontario, K0M 1S0  
 Tel.: (705) 457-1740 Fax: (705) 457-1964  
 Website: [www.dysartetel.ca](http://www.dysartetel.ca)

OFFICE USE ONLY
File Number:
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## Application for a Copy of Sewage System Permit and/or Installation Report

The following information must be completed in full.

Property Owner \_\_\_\_\_

Prior Owners  
 (Chain of title to 1974)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approximate Year System was Installed \_\_\_\_\_

Owner at Time of Installation \_\_\_\_\_

Property Description:

County \_\_\_\_\_ Township \_\_\_\_\_

Lot Number \_\_\_\_\_ Concession \_\_\_\_\_ Plan No. \_\_\_\_\_ Sublot \_\_\_\_\_

Municipal Address \_\_\_\_\_ Lot Size \_\_\_\_\_

Search Requested By:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Business: \_\_\_\_\_ Home: \_\_\_\_\_

PICK UP (should be available in 48 hours)     MAIL (should be received in 5 to 10 days)

\_\_\_\_\_  
 Signature of Owner or Authorized Agent

\_\_\_\_\_  
 Date

Note: \$50.00 fee is required. Cheques are to be made payable to Municipality of Dysart et al.