

Sewerage System Information Request

Applicant information

Applicant name	Phone	Cell phone
Email address		
Mailing Address	City	Postal Code
<p>Check one box:</p> <p><input type="checkbox"/> I am the current registered owner of the property. Attached is the BC Notice of Assessment.</p> <p><input type="checkbox"/> I am not the registered owner of the property. Attached is the owner's signed consent with BC Notice of Assessment or Property Title authorizing the release of the requested information.</p> <p><input type="checkbox"/> I am the listing Realtor. Attached is a copy of the current Property Listing Contract.</p>		

Property information

Property legal description	Tax assessment roll # (folio #)	
	Jurisdiction	Roll #
Property address	City	Postal Code

Note:

- There may not be any sewerage system information on file.
- A search of our records will be conducted.
- A \$50 processing fee will be charged for this search. Fees are payable to Northern Health Authority and can be paid in cash, cheque, credit or debit card.

Applicant signature	Applicant name (print)	Date of signature (YYYY-MM-DD)

Office use only: Findings on property search provided

<input type="checkbox"/> No requested record on file	<input type="checkbox"/> Authorization to operate a sewage disposal system		
<input type="checkbox"/> As built site plan	<input type="checkbox"/> Record of Sewerage System		
<input type="checkbox"/> Maintenance plan	<input type="checkbox"/> Letter of certification		
<input type="checkbox"/> Other	<input type="checkbox"/> Permit to construct, install, alter or repair a sewage disposal system		
Date processed	Initial	Processing fee paid	Receipt #
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

