

Schedule 2: Sewage System Installer Information

A. Project Information					
Building number, street name				Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description			
B. Sewage system installer					
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?					
<input type="checkbox"/> Yes (Continue to Section C)		<input type="checkbox"/> No (Continue to Section E)		<input type="checkbox"/> Installer unknown at time of application (Continue to Section E)	
C. Registered installer information (where answer to B is "Yes")					
Name				BCIN	
Street address				Unit number	Lot/con.
Municipality	Postal code	Province	E-mail		
Telephone number ()	Fax ()	Cell number ()			
D. Qualified supervisor information (where answer to section B is "Yes")					
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)			
E. Declaration of Applicant:					
I _____ declare that: (print name)					
<input type="checkbox"/> I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;					
<u>OR</u>					
<input type="checkbox"/> I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.					
I certify that:					
1. The information contained in this schedule is true to the best of my knowledge.					
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.					
_____			_____		
Date			Signature of applicant		