Schedule 2: Sewage System Installer Information

A. Project Information						
Building number, street name				Unit number	Lot/con.	
Municip	pality	Postal code	Plan number/ other des	scription		
D C	owago system installer					
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?						
☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section E)						
C. Registered installer information (where answer to B is "Yes")						
Name				BCIN		
Street address and/or P.O Box				Unit number	Lot/con.	
Town		Postal code	Province	E-mail	E-mail	
Telephone number Fax		1	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:						
E-					declare that:	
(print name)						
П	☐ 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>						
۵	T					
I certify that:						
1.	·					
	If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.					
	Date Signature of applicant					