Permit No.:				

## **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?  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	Unit number	Lot/con.							
Municipality	Postal code	Province	E-mail						
Telephone number ( )	Fax ( )		Cell number ( )						
D. Qualified supervisor informati	on (where ansv	wer to section B is "Yes	")						
Name of qualified supervisor(s)		Building Code Identification	le Identification Number (BCIN)						
E. Declaration of Applicant:									
Ideclare that:  (print name)									
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>									
☐ 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:									
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	Date Signature of applicant								