

Schedule 2: Sewage System Installer Information

A. Project Information			Application number: 2020-		
Building number, street name			Unit number		Lot/con.
Municipality Town of Whitchurch-Stouffville		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 section 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:					
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p><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;</p> <p><u>OR</u></p> <p><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.</p> <p>I certify that:</p> <ol style="list-style-type: none"> 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. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Applicant </p>					