



Mohawks of The Bay of Quinte
R.R. #1 Tyendinaga Mohawk Territory, Ontario K0K 1X0
(613)396-3424 (613)396-3627

LATERAL SEWER CONNECTION PERMIT

DATE: _____

LAST NAME: _____ BAND NO: _____

FIRST NAME: _____

MIDDLE NAME: _____

LOT, CONCESSION, PARCEL: _____

DESCRIBE PRESENT STRUCTURE WATER & SEWAGE TO BE CONNECTED TO:

Office/Business _____ # of Employees _____

Private Residence _____ Cottage _____

Square Footage _____

Describe the condition of this dwelling:

Excellent Condition _____ Slab on Grade _____

Fair Condition _____ Crawl Space _____

Poor Condition _____ Basement _____

DATE CONSTRUCTION TO BE DONE: _____

NAME OF CONTRACTOR: _____

ADDRESS OF CONTRACTOR: _____
(drawings must be included with application)

DESCRIBE TYPE OF WASTE:

Private: _____ Chemical: _____

Water: _____ Other: _____

OFFICE USE ONLY

Fee of \$25.00 is to be collected at time of issuing permit.

Cash: _____ Cheque: _____

Name: _____

Signature: _____

Date of Inspection & Approval: _____

Name of Authorizing Personnel: _____

Signature of Authorizing Personnel: _____