## **Schedule 2: Sewage System Installer Information**

A. Project Information					
Building number, street name			Unit number	Lot/con.	
Municipality	Postal code	Plan number/ other desc	ription		
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 2.18.1.1?					
☐ Yes (Continue to Section C)	☐ Yes (Continue to Section C) ☐ No (Continue to Section E) ☐ Installer unknown at time of application (Continue to Section				
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			n Number (BCIN)		
E. Declaration of Applicant:					
				declare 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. I have authority to bind the corporation or partnership (if applicable).					
Date	Date Signature of applicant				