## **North Perth Septic Audit Form**

## 1. Applicant Information Name:\_\_\_\_\_ Address: MUNICIPALITY OF NORTH PERTH **BUILDING DEPARTMENT** Phone Number: Email Address:\_\_\_\_\_ 620 Wallace, Ave S. Listowel Ontario, N4W 1Y4 Book an inspection by 3pm the day 2. Property Details Property Address: prior at https://ca.cloudpermit.com Lot Number: Zoning Designation: 3. Existing Septic System Details (if applicable) Type of System (e.g., septic tank, leaching bed):\_\_\_\_\_ System Design Capacity: Installation Date (if known): Maintenance History (include dates and descriptions of any maintenance or repairs): 4. Property Layout (see North Perth property layout example) Attach a detailed site plan showing the location of the septic system, including: Septic tank Leaching bed Property boundaries Nearby water bodies or wells 5. Soil Analysis Results Attach a soil analysis certificate with your permit application. This certificate must be completed by a qualified professional, such as a geotechnical engineer. 6. System Design for new or renovated septic (See Septic Permit Form for More Info.) Provide a comprehensive design for septic system to determine if existing system is adequate, including: Type and size of the system Components and layout Capacity calculations 7. Consultations Provide proof of consultations with conservation authorities or other relevant agencies, if applicable. 8. Supporting Documentation Include any additional documents or reports relevant to the septic system and its compliance. 9. Declaration I hereby declare that the information provided is accurate and complete to the best of my knowledge. Signature:

Please ensure all sections are completed accurately and attach all required documents to facilitate the review process.