

COMPLETION NOTICE

READINESS FOR USE OF A SEWAGE SYSTEM

Please be advised that the premises at:

Property Description: Lot, Concession < Township, Municipality, House No., Street, Road

for which Permit No.: _____ was issued

will be occupied on _____ .
Date

Note: You must give at least 10 days notice in advance on the intended use date of the sewage system.

Porcupine Health Unit P.O. Bag 2012 169 Pine Street South TIMMINS, ON P4N 8B7 (805) 267-1181	Porcupine Health Unit 4 Ash Street KAPUSKASING, ON P5N 2C8 (705) 335-6101	Porcupine Health Unit Hearst Medical Centre P.O. Box 2470 1403 Edward Street HEARST, ON P0L 1N0 (705) 362-4854	Porcupine Health Unit Minto Centre P.O. Box 550 275 Eighth Street COCHRANE, ON P0L 1C0 (705) 272-3394
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