

Private Sewage System Permit Application

Permit Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor	
Application Date (mm/dd/yyyy): _____	Estimated Start Date (mm/dd/yyyy): _____
Development Permit No. (if applicable): _____	Estimated Completion Date (mm/dd/yyyy): _____
Building Permit No. (if applicable): _____	Value of Work (labour & materials): _____

Owner Name (printed): _____			
Mailing Address: _____		City/Town/Village: _____	
Province: _____		Postal Code: _____	
*Email: _____		Owners Phone #: _____	
		Fax #: _____	

Contracting Company Name (printed): _____		Contact Name (printed): _____	
Mailing Address: _____		City/Town/Village: _____	
Province: _____		Postal Code: _____	
*Email: _____		Owners Phone #: _____	
		Fax #: _____	

Project Location			
Municipality: _____		Subdivision/ Hamlet Name: _____	
Street/ Rural Address: _____		Tax Roll No.: _____	
		Unit: _____	
* Legal land description is required			
Lot: _____	Block: _____	Plan: _____	LSD: _____
Quarter: _____		Section: _____	
Township: _____		Range: _____	
West of: _____			
Directions: _____			

Description of Work (please provide a **complete** and **detailed** description of the work to be completed including all applicable drawings/ documents):

<input type="checkbox"/> Work has not started <input type="checkbox"/> Work is in progress <input type="checkbox"/> Work is complete	
WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING	
Submit with application: <input type="checkbox"/> Completed Site Evaluation and System Design Report as per the current Alberta Private Sewage Systems Standard of Practice	

TYPE OF WORK	INITIAL COMPONENT	SOIL BASED TREATMENT SUMMARY	
Please only select applicable item(s)	Please only select applicable item(s)	Please only select applicable item(s)	
<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration of Existing System	<input type="checkbox"/> Holding Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____	<input type="checkbox"/> Treatment Field	<input type="checkbox"/> LFH At-Grade
<input type="checkbox"/> Residential # of bedrooms: _____	<input type="checkbox"/> Capacity: _____ CSA Cert No.: _____	<input type="checkbox"/> Chamber System Treatment Field	<input type="checkbox"/> Open Discharge
<input type="checkbox"/> Commercial # of seats (employees): _____	<input type="checkbox"/> Septic Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____	<input type="checkbox"/> Treatment Mound	<input type="checkbox"/> Lagoon
<input type="checkbox"/> Industrial	<input type="checkbox"/> Packaged Sewer Treatment Plant	<input type="checkbox"/> Sub-surface Drip Dispersal	<input type="checkbox"/> Privy (with holding tank)
<input type="checkbox"/> Institutional	<input type="checkbox"/> Sand Filter	<input type="checkbox"/> Enhanced Surface Discharge	
<input type="checkbox"/> Farm Building	<input type="checkbox"/> Effluent Tank	Depth to Restrictive Layer: _____	<input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches
<input type="checkbox"/> Work Camp # of beds: _____ Variance No.: _____ Variance Exp. Date: _____	<input type="checkbox"/> Settling Tank	Depth to Limiting Layer: _____	<input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches
Expected Peak Volume: _____	<input type="checkbox"/> Lift Station	Limiting Soil Characteristics: Texture: _____ Structure: _____ Grade: _____	
<input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day <input type="checkbox"/> Meters ³ /day (not to exceed 25 m ³ /day)		Soil Infiltration Area Required: _____	<input type="checkbox"/> Meters ² <input type="checkbox"/> Feet ²
		Soil Effluent Loading Rate: _____	<input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day
		Linear Loading Rate: _____	<input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day

The personal information you provide to Alberta Safety Codes Authority (ASCA) and the Safety Codes Council is authorized under section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services within ASCA's scope under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, and program evaluation and planning purposes (including processing permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits). Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. ASCA may disclose information in response to permit search requests associated with land transactions or due diligence processes. Additionally, contact information may be used for the Council's annual survey. Please direct questions concerning the collection of this information to the Privacy Information Coordinator at the Safety Codes Council, Suite 500, 10405 Jasper Ave. NW, Edmonton, Alberta, T5J 3N4, Email: privacy@safetycodes.ab.ca

Certified Installer's Name (please print) _____	Certification No. _____	Certified Installer's Signature _____
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Homeowner's Signature (homeowner permit only) **Homeowner Declaration:** I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.

OFFICE USE ONLY

Other Permits Required <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Plumbing <input type="checkbox"/> Not Applicable Permit Fee: \$ _____ SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) Travel Fee: \$ _____ Total Cost: \$ _____ Receipt #: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> [Received Date Stamp] </div> eSITE Permit No.: _____ Agency File No.: _____
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Visit [Where to get a Permit](#) to find out where to submit your application.

*Email address fields and legal land description are required to be completed. See permit guidelines for details.