

Private Sewage Disposal Permit Application Form

Other Permits Required: Building Electrical Gas Plumbing

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Installation Date (M/D/Y): _____

Mailing Address
Owner Name: _____ **Address:** _____
 Phone: _____ Fax: _____ City: _____ Prov: _____ Postal Code: _____
 Alt Phone: _____ Email Address: _____

Mailing Address
Contractor: _____ **Address:** _____
 Phone: _____ Fax: _____ City: _____ Prov: _____ Postal Code: _____
 Alt Phone: _____ Email Address: _____

Municipality: _____ **Street Address:** _____
 Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Subdivision: _____
 Directions: _____

System Design Criteria (complete all applicable items): Percolation Test _____ min/ inch **or** Soil Analysis (attach copy) _____ # bedrooms
Expected Volume of Effluent: _____ cubic meters per day gallons per day liters per day _____ Depth to Water Table
Project Type: Commercial / Conventional Industrial / Conventional Residential / Conventional Work Camp # of Men _____
 Commercial / Advanced Industrial / Advanced Residential / Advanced Tank Size _____ Field Size _____

Project Information: New Installation Alteration **Value of work** (materials and labour): \$ _____
Components Used: Septic Tank Packaged Sewage Treatment Plant Sand Filter Other Initial Treatment
 Sewage Holding Tank Open (surface) discharge Disposal Field Treatment Mound
 Sewage Lagoon Other Final Disposal Method At Grade (variance required)
Description of Work: _____

Basic System Drawing: Attach a basic system sketch including: location in relation to buildings, distance to water supply and/or surface water bodies, and other pertinent information.

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Installer's Name & Certification Number (please print) _____ Installer's Signature _____ Homeowner's Signature (Homeowner permits only) _____

Permit Fee: \$ _____ ***SCC Levy:** \$ _____ (*3.5% of permit fee with a minimum of \$4.00) **TOTAL FEE:** \$ _____
 Payment Method: Visa M/C Debit Cheque Cash Auth / Chq. Number _____
 Name of Cardholder: _____ Signature of Cardholder: _____
 Credit Card #: _____ Expiry Date: _____

Permit Validation Section (to be completed by the Safety Codes Officer):
 Special Conditions: _____
 Issuing Officer's Name (print or type) _____ Issuing Officer's Signature _____
 Issuing Officer's Designation Number: _____ Date of Issue (M/D/Y): _____