



Town of Bow Island
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The Inspections Group Inc
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Please submit all permit applications to south@inspectionsgroup.com for review and processing.

PRIVATE SEWAGE PERMIT APPLICATION FORM

Development Permit Number: _____ Estimated Project Completion Date: _____
 New Home Warranty Number (if applicable): _____ Project Value (labour and material): \$ _____
 Applicant Type: Owner Contractor Work: has not started is in progress is complete

OWNER / APPLICANT: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

CONTRACTOR: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

PROJECT LOCATION:
 Municipality: _____ Subdivision / Hamlet Name: _____
 Street Address: _____
 Legal Land Description: LSD: _____ Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Lot: _____ Block: _____ Plan: _____ Tax Roll Number: _____
 Directions: _____

<p>BUILDING USE:</p> <input type="checkbox"/> Residential # of bedrooms _____ <input type="checkbox"/> Commercial # of employees _____ <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Agricultural <input type="checkbox"/> Work Camp # of workers _____ <input type="checkbox"/> Other (specify) _____	<p>TYPE OF WORK:</p> <input type="checkbox"/> New Installation <input type="checkbox"/> Alteration of Existing System Expected Peak Volume _____ <input type="checkbox"/> m ³ <input type="checkbox"/> litres <input type="checkbox"/> imperial gallons / day	<p>INITIAL COMPONENT:</p> <input type="checkbox"/> Holding Tank <input type="checkbox"/> Septic Tank <input type="checkbox"/> Packaged Treatment Plant <input type="checkbox"/> Sand Filter <input type="checkbox"/> Settling Tank <input type="checkbox"/> Effluent Tank <input type="checkbox"/> Lift Station <input type="checkbox"/> Other (specify) _____ CSA Certificate # _____	<p>SOIL BASED TREATMENT:</p> <input type="checkbox"/> Treatment Field <input type="checkbox"/> Chamber System Treatment Field <input type="checkbox"/> Treatment Mound <input type="checkbox"/> Sub-Surface Drip Dispersal <input type="checkbox"/> LFH At-Grade <input type="checkbox"/> Open Discharge <input type="checkbox"/> Lagoon <input type="checkbox"/> Privy <input type="checkbox"/> Enhanced Surface Discharge <input type="checkbox"/> Other (specify) _____
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DESCRIPTION OF WORK: _____

Certified Installer's Name (print) _____ Certified Installer's Certificate Number _____ Certified Installer's Signature _____
 Homeowner's Signature (homeowner permit only) _____
I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.

TIGI OFFICE USE ONLY

<p>PAYMENT TYPE:</p> <input type="checkbox"/> Cheque <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Interac <input type="checkbox"/> e-Transfer <input type="checkbox"/> Invoice Permit Fee: \$ _____ + SCC Levy*: \$ _____ = Total Cost: \$ _____ Receipt #: _____	<p>APPLICATION DETAILS:</p> Application Date: _____ Permit Number: _____ Agency File Number: _____
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* \$4.50 or 4% of the permit fee maximum \$560.00