

Town of Magrath PO Box 520 Magrath, Alberta, TOK 1J0 PH: (403) 758-3212 info@magrath.ca www.magrath.ca



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Please submit all permit applications to <a href="mailto:south@inspectionsgroup.com">south@inspectionsgroup.com</a> for review and processing.

## PRIVATE SEWAGE PERMIT APPLICATION FORM **Estimated Project Completion Date: Development Permit Number:** 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: Subdivision / Hamlet Name: Municipality: Street Address: Legal Land Description: LSD: \_\_\_\_\_ Part of: \_\_\_\_ Section: \_\_\_\_ Township: \_\_\_\_ Range: \_\_\_\_ West of: \_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_ Plan: \_\_\_\_ Tax Roll Number: \_\_\_\_\_ Directions: **BUILDING USE:** TYPE OF WORK: INITIAL COMPONENT: SOIL BASED TREATMENT: ☐ Residential ☐ New Installation ☐ Holding Tank ☐ Treatment Field # of bedrooms ☐ Alteration of Existing System ☐ Septic Tank ☐ Chamber System Treatment Field ☐ Commercial ☐ Packaged Treatment Plant ☐ Treatment Mound Expected Peak Volume \_\_\_\_ # of employees ☐ m³ ☐ litres ☐ imperial gallons / day □ Sand Filter ☐ Sub-Surface Drip Dispersal Industrial ☐ Settling Tank ☐ LFH At-Grade ☐ Institutional ☐ Effluent Tank ☐ Open Discharge ☐ Agricultural ☐ Lift Station Lagoon ☐ Work Camp Other (specify) ☐ Privy # of workers ☐ Enhanced Surface Discharge ☐ Other (specify) CSA Certificate # \_\_\_\_\_ ☐ Other (specify) 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 PAYMENT TYPE: APPLICATION DETAILS:** Application Date: Permit Fee: Permit Number: \_\_\_\_\_ + SCC Levy\*: \$ Receipt #: = Total Cost: \$ \* \$4.50 or 4% of the permit fee maximum \$560.00