



**Town of Redcliff**  
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[Label Space]

Please submit all permit applications to [redcliff@redcliff.ca](mailto:redcliff@redcliff.ca) for review and processing.

## PRIVATE SEWAGE PERMIT APPLICATION FORM

**Development Permit Number:** \_\_\_\_\_

**Estimated Project Start Date:** \_\_\_\_\_

**Building Permit Number (if applicable):** \_\_\_\_\_

**Estimated Project Completion Date:** \_\_\_\_\_

**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: \_\_\_\_\_

Street Address: \_\_\_\_\_

Legal Land Description: LSD: \_\_\_\_\_ Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll Number: \_\_\_\_\_

Directions: \_\_\_\_\_

<b>BUILDING USE:</b>	<b>TYPE OF WORK:</b>	<b>INITIAL COMPONENT:</b>	<b>SOIL BASED TREATMENT:</b>
<input type="checkbox"/> Residential # of bedrooms _____	<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration of Existing System Expected Peak Volume _____ <input type="checkbox"/> m³ <input type="checkbox"/> litres <input type="checkbox"/> imperial gallons / day	<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 # _____	<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)

**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.

### OFFICE USE ONLY

<b>PAYMENT TYPE:</b>	<b>APPLICATION DETAILS:</b>
Permit Fee: \$ _____	Application Date: _____
+ Admin Fee: \$ _____	Permit Number: _____
+ SCC Levy*: \$ _____	
= Total Cost: \$ _____	Receipt #: _____

\* \$4.50 or 4% of the permit fee maximum \$560.00