



Private Sewage System Permit Application

Permit Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor		Estimated Start Date (mm/dd/yyyy): _____	
Application Date (mm/dd/yyyy): _____		Estimated Completion Date (mm/dd/yyyy): _____	
Development Permit No. (if applicable): _____		Value of Work (labour & materials): _____	
Building Permit No. (if applicable): _____			
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: _____	Tax Roll No.: _____
Street/ Rural Address: _____		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)	
<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration of Existing System <input type="checkbox"/> Residential # of bedrooms: _____ <input type="checkbox"/> Commercial # of seats (employees): _____ <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Farm Building <input type="checkbox"/> Work Camp # of beds: _____ Variance No.: _____ Variance Exp. Date: _____ Expected Peak Volume: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day <input type="checkbox"/> Meters ³ /day (not to exceed 25 m ³ /day)		<input type="checkbox"/> Holding Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____ <input type="checkbox"/> Septic Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____ <input type="checkbox"/> Packaged Sewer Treatment Plant <input type="checkbox"/> Sand Filter <input type="checkbox"/> Effluent Tank <input type="checkbox"/> Settling Tank <input type="checkbox"/> Lift Station	
		<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"/> Enhanced Surface Discharge Depth to Restrictive Layer: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches Depth to Limiting Layer: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches Limiting Soil Characteristics: Texture: _____ Structure: _____ Grade: _____ 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	
<small>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 Code 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</small>			
Certified Installer's Name (please print)		Certification No.	Certified Installer's Signature
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)		[Received Date Stamp] eSITE Permit No.: _____ Agency File No.: _____	

Visit [Where to get a Permit](#) to find out where to submit your application.