



Municipal District of Willow Creek No. 26
PO Box 550
Clareholm, Alberta, T0L 0T0
PH: (403) 625-3351
Fax: (403) 625-3886
md26@mdwillowcreek.com
www.mdwillowcreek.com



The Inspections Group Inc
2825 18 Avenue N
Lethbridge, Alberta, T1H 6T5
PH: (587) 787-4143 TF: 1 (888) 852-3558
Fax: (587) 787-4142
south@inspectionsgroup.com
www.inspectionsgroup.com

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: _____

Building Permit 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: _____

BUILDING USE: <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) _____	TYPE OF WORK: <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	INITIAL COMPONENT: <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 # _____	SOIL BASED TREATMENT: <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.

Please be advised that payment must be received before any code review is processed or a permit is issued.

TIGI OFFICE USE ONLY

PAYMENT TYPE: <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: \$ _____	APPLICATION DETAILS: Application Date: _____ Permit Number: _____
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* \$4.50 or 4% of the permit fee maximum \$560.00

The personal information provided as part of this application is collected under the authority of the Safety Codes Act, the Municipal Government Act, and in accordance with the Protection of Privacy Act (POPA) and the Access to Information Act (ATIA). This information is required and will be used for issuing permits, verifying and monitoring compliance with safety codes, and for property assessment purposes. The name of the permit holder and nature of the permit may be made available to the public upon request. If you have any questions about the collection or use of your personal information, please contact the Municipality.