



Town of Taber
 A-4900 50 Street
 Taber, Alberta, T1G 1T1
 (403) 223-5500
 planning@taber.ca
 www.taber.ca



The Inspections Group Inc
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 Lethbridge, Alberta, T1H 6T5
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 south@inspectionsgroup.com
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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:** _____
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:
 Residential
 # of bedrooms _____
 Commercial
 # of employees _____
 Industrial
 Institutional
 Agricultural
 Work Camp
 # of workers _____
 Other (specify) _____

TYPE OF WORK:
 New Installation
 Alteration of Existing System
 Expected Peak Volume _____
 m³ litres imperial gallons / day

INITIAL COMPONENT:
 Holding Tank
 Septic Tank
 Packaged Treatment Plant
 Sand Filter
 Settling Tank
 Effluent Tank
 Lift Station
 Other (specify) _____

 CSA Certificate # _____

SOIL BASED TREATMENT:
 Treatment Field
 Chamber System Treatment Field
 Treatment Mound
 Sub-Surface Drip Dispersal
 LFH At-Grade
 Open Discharge
 Lagoon
 Privy
 Enhanced Surface Discharge
 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.

Please be advised that payment must be received before any code review is processed or a permit is issued. Permits may be cancelled upon request; however, a minimum of **30% of the permit fee or more** will be retained depending on the stage of the permit or application at the time of cancellation, in accordance with the Town of Taber's Permit Fee Schedule.

TIGI OFFICE USE ONLY

PAYMENT TYPE:
 Cheque Mastercard Visa AMEX Interac e-Transfer Invoice
Permit Fee: \$ _____
+ SCC Levy*: \$ _____
= Total Cost: \$ _____
Receipt #: _____

APPLICATION DETAILS:
Application Date: _____
Permit Number: _____

* \$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.