



Lethbridge County
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The Inspections Group Inc
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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 fee of **\$100 or more** will be retained depending on the stage of the permit or application at the time of cancellation, in accordance with the Lethbridge County'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.