



Private Sewage Disposal Systems Permit Application

Muni Permit Number

Date of Application: _____ Roll Number: _____

Land Owner Name: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____
 City & Postal Code: _____ Email Address: _____

Contractor Name: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____
 City & Postal Code: _____ Email Address: _____

Project Location:

Municipal Address: _____ Lot _____ Block _____ Plan _____

Project Information: (Please be sure to check one of each)

- Type of work: New Work Renovation Connection Temporary Other (Specify): _____
- Intended Use: Institutional Industrial Commercial Residential Basement Development
 Garage or Small Accessory Building Other (Specify): _____
- System Design: Expected Volume of effluent: cubic meters per day gallons per day litres per day
- Components Used: Septic Tank Sand Filter Other Initial Treatment Disposal Field
 Sewage Holding Tank Open Discharge Packaged Sewage Treatment Plant
 Sewage Lagoon Treatment Mound Other Final Disposal Method

*** Please note that a site plan must be completed or submitted prior to this permit being issued.**

* The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The permit will expire in one year.
 ** Owner's signature/declaration (homeowner permits only) "I hereby declare that I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Act and Regulations."
 *** The permit applicant acknowledges that refunds and permit extension requests will be subject to approval."

Please check who the applicant is: Contractor Homeowner

Applicant Company Name: _____ Applicant Name (Print): _____
 Certification/Journeyman Class & No.: _____ Signature: _____
 Mailing Address: _____ Phone Number: _____
 City & Postal Code: _____ Email: _____

Permit Validation Section (To be completed by SCO or Issuing Officer)

Payment Method: Cash Debit Cheque Invoice Credit Card

Permit Fee: _____ Other Fee: _____ SCC Fee: _____ Total Fee: _____

Permit Conditions: _____

Date of Issue: _____ Credit Card Payment Section

Issuing Officer's Name: _____ Name of Cardholder: _____

Issuing Officer's Designation Number: _____ Card Number: _____

Issuing Officer's Signature: _____ Expiry Date: _____

All Safety Codes Inspection Requests must be sent to inspections@chestermere.ca . To find out the updated schedule of inspection, please go to our website at www.chestermere.ca. A minimum of 48 hours notice is required at all times. Please note that schedule may change without notice.

FOIP Notification: The personal information you provide on this form is being collected under the authority of Section 640(2) of the *Municipal Government Act* and Section 32(b) and 32(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provision of these acts. This information will be used to determine eligibility for a development permit and for enforcement of applicable laws and may be circulated to persons or authorities as necessary for the review process. If you have any questions about the collection of this information please contact the FOIP coordinator, 105 Marina Road, Chestermere Alberta T1X 1V7 (403) 207-7050