



# 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: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
(3-digit number)

**All Safety Codes Inspection Requests must be sent to [inspections@chestermere.ca](mailto:inspections@chestermere.ca) . To find out the updated schedule of inspection, please go to our website at [www.chestermere.ca](http://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