

PRIVATE SEWAGE SYSTEM PERMIT APPLICATION FORM

A Division of the Safety Codes Council

Place cursor over each field for instructions of	n how to fill out this for	m. See the	Alberta Permit I	Regulation	for more inf	ormation.		
Application Date (mmm/dd/yyyy):	Oth	Other Permits Required: Building Electrical Gas Plumbing Not Applicable (under separate application)						
Development Permit No. (only if applicable):		(und	ei sepai ate application	,				
Estimated Start Date (mmm/dd/yyyy):			Estimate	ed Project C	Completion I	Date (mmm/dd/y	/yy):	
Permit Applicant: Owner Contractor			Value of Work (labour and materials): \$					
Owner Name (please print):								
Mailing Address:			_ City/Town/Village: Province: Po				Postal Code:	
Email:			Phone:			F	ах:	
Contracting Company Name (please print):				Contact	Name (ple	ase print):		
Mailing Address:			City/Town/Village: Province: Postal Code:					
Email:			·			Fax:		
Project Location (Municipality):								
Street/Rural Address:								
Lot: Block: Plan:								
				غا، خ	section	Township.	Range	west or
Directions: Description of Work (please provide a complete a								
Submit with Application: ☐ Completed	☐ Work has not sta					e Sewane Syte	ms Standard of P	ractice
Submit with Application: La Completed	Site Evaluation and Sy	stem Design	Report as per th	ne current A	lberta Privat	e Sewage Syte	ms Standard of P	ractice
	NOTE: WORK N	iust be in	SPECTED BEF	ORE COV	ERING			
TYPE OF WORK		IUST BE IN COMPONE		ORE COVI		BASED TREAT	MENT SUMMARY	
Please only select applicable item(s)	INITIAL Please only		NT		SOIL I	BASED TREATI	pplicable item(s)	rado
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