



Davis Inspection Services Ltd

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Private Sewage Application

Permit Applicant: [] Owner [] Contractor
Application Date (mm/dd/yyyy):
Development Permit No. (if applicable):
Building Permit No. (if applicable):
Estimated Start Date (mm/dd/yyyy):
Estimated Completion Date (mm/dd/yyyy):
Value of Work (labour & materials):

Owner Name (printed):
Mailing Address:
City/Town/Village:
Province:
Postal Code:
*Email:
Owners Phone #:
Fax #:

Contracting Company Name (printed):
Contact Name (printed):
Mailing Address:
City/Town/Village:
Province:
Postal Code:
*Email:
Owners Phone #:
Fax #:

Project Location
Municipality:
Subdivision/ Hamlet Name:
Tax Roll No.:
Street/ Rural Address:
Unit:
* Legal land description is required
Lot:
Block:
Plan:
LSD:
Quarter:
Section:
Township:
Range:
West of:
Directions:

Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/ documents):

[] Work has not started [] Work is in progress [] Work is complete
WORK SHOULD NOT COMMANCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING
Submit with application: [] Completed Site Evaluation and System Design Report as per the current Alberta Private Sewage Systems Standard of Practice

Table with 3 columns: TYPE OF WORK, INITIAL COMPONENT, SOIL BASED TREATMENT SUMMARY. Includes checkboxes for New Installation, Alteration of Existing System, Residential, Commercial, Industrial, etc., and various technical specifications for tanks and treatment fields.

FOIP Notification: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification, and program evaluation.

Certified Installer's Name (please print) Certification No. Certified Installer's Signature

Homeowner's Signature (homeowner permit only) Homeowner Declaration: I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.

OFFICE USE ONLY

Other Permits Required [] Building [] Electrical [] Gas [] Plumbing [] Not Applicable
Permit Fee: \$
GST: \$
Travel Fee: \$
Total Cost: \$
Receipt #:
[] Invoiced [] Cash [] Cheque [] Debit
[] Credit Card [] Visa [] MC (attach signed credit card authorization form)
SCO/Permit Issuers Name:
SCO/Permit Issuers Signature:
Designation No.:
Permit Issue Date: (mmm/dd/yyyy)