


Permit Applicant: ☐ Owner ☐ Contractor

Application Date (mm/dd/yyyy): _____

Estimated Start Date (mm/dd/yyyy): _____

Development Permit No. (if applicable): _____

Estimated Completion Date (mm/dd/yyyy): _____

Building Permit No. (if applicable): _____

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 COMMENCE 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

TYPE OF WORK	INITIAL COMPONENT	SOIL BASED TREATMENT SUMMARY
Please only select applicable item(s)	Please only select applicable item(s)	Please only select applicable item(s)
☐ New Installation ☐ Alteration of Existing System ☐ Residential # of bedrooms: _____ ☐ Commercial # of seats (employees): _____ ☐ Industrial ☐ Institutional ☐ Farm Building ☐ Work Camp # of beds: _____ Variance No.: _____ Variance Exp. Date: _____ Expected Peak Volume: _____ ☐ L/day ☐ Imp. Gal/day ☐ Meters ³ /day (not to exceed 25 m ³ /day)	☐ Holding Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____ ☐ Septic Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____ ☐ Packaged Sewer Treatment Plant ☐ Sand Filter ☐ Effluent Tank ☐ Settling Tank ☐ Lift Station	☐ Treatment Field ☐ LFH At-Grade ☐ Chamber System Treatment Field ☐ Open Discharge ☐ Treatment Mound ☐ Lagoon ☐ Sub-surface Drip Dispersal ☐ Privy (with holding tank) ☐ Enhanced Surface Discharge Depth to Restrictive Layer: _____ ☐ Meters ☐ Feet ☐ Inches Depth to Limiting Layer: _____ ☐ Meters ☐ Feet ☐ Inches Limiting Soil Characteristics: Texture: _____ Structure: _____ Grade: _____ Soil Infiltration Area Required: _____ ☐ Meters ² ☐ Feet ² Soil Effluent Loading Rate: _____ ☐ L/day ☐ Imp. Gal/day Linear Loading Rate: _____ ☐ L/day ☐ Imp. Gal/day

The personal information you provide to Alberta Safety Codes Authority (ASCA) and the Safety Codes Council is authorized under section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services within ASCA's scope under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, and program evaluation and planning purposes (including processing permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits). Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. ASCA may disclose information in response to permit search requests associated with land transactions or due diligence processes. Additionally, contact information may be used for the Council's annual survey. Please direct questions concerning the collection of this information to the Privacy Information Coordinator at the Safety Codes Council, Suite 500, 10405 Jasper Ave. NW, Edmonton, Alberta, T5J 3N4, Email: privacy@safetycodes.ab.ca

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: \$ _____

SCC Levy: \$ _____
(\$4.50 or 4% of the permit fee maximum \$560.00)

Travel Fee: \$ _____

Total Cost: \$ _____

Receipt #: _____

☐ Invoiced ☐ Cash ☐ Cheque ☐ Debit

☐ Credit Card ☐ Visa ☐ MC (attach signed credit card authorization form)

[Received Date Stamp]

eSITE Permit No.: _____

Agency File No.: _____

Visit [Where to get a Permit](#) to find out where to submit your application.

*Email address fields and legal land description are required to be completed. See permit guidelines for details.