



IJD Inspections Ltd.
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PERMIT # _____

PRIVATE SEWAGE DISPOSAL PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor Application Date (mm/dd/yyyy): _____
 New Home Warranty No.(if applicable): _____ Estimated Project Completion Date (mm/dd/yyyy): _____

Owner Name: _____ **Mailing Address:** _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Contractor Name: _____ **Mailing Address:** _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____

Project Location- Municipality: _____ **Subdivision/Hamlet:** _____
 Street/Rural Address: _____ Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____ M

Description of Work:

Submit with Application: Soil Log Report (2 test pits) Soil Analysis System Diagram CSA-B66 Certificate Site Plan/Diagram
 Work has not started Work is in progress Work is complete

TYPE OF OCCUPANCY	INSTALLATION	TREATMENT DISPOSAL METHODS
<input type="checkbox"/> Residential <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced <input type="checkbox"/> Commercial <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced <input type="checkbox"/> Industrial <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced <input type="checkbox"/> Work Camp/No. of Men _____	<input type="checkbox"/> New <input type="checkbox"/> Alteration Expected Volume of Effluent: _____ <input type="checkbox"/> m ³ /day <input type="checkbox"/> Litres/day <input type="checkbox"/> Gallons/day(not to exceed 25 m ³ /day) No. of Bedrooms _____ (residential including basement and future development)	Complete all applicable items: <input type="checkbox"/> Septic Tank Size _____ Serial No.: _____ <input type="checkbox"/> Holding Tank Size _____ Serial No.: _____ <input type="checkbox"/> Treatment Mound Size _____ (sand Layer) <input type="checkbox"/> Ft ² <input type="checkbox"/> M ² <input type="checkbox"/> Disposal Field Size _____ (trench bottom) <input type="checkbox"/> Ft ² <input type="checkbox"/> M ² <input type="checkbox"/> Depth of Water Table _____ <input type="checkbox"/> Feet <input type="checkbox"/> Inches <input type="checkbox"/> Open (surface) Discharge <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Packaged Sewage Treatment Plant <input type="checkbox"/> Sand Filter <input type="checkbox"/> Other: _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information provided is authorized under section 4(c) of the Protection of Privacy (POPA) Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the municipality.

 Installer's Name (print) **x** **OR x**
Installer's Signature Homeowner's Signature (homeowner permit only) Homeowner Declaration:

By signing this I hereby certify that I own/will own and occupy this dwelling.

Private Sewage Installer's Certification Number: PS: _____

PERMIT FEE SUMMARY

Permit Fee:	\$ _____	Permits are GST Exempt	Permit Fee Adjustment	\$ _____
SCC Levy:	\$ _____		SCC Levy Adjustment	\$ _____
Travel Fee:	\$ _____		Subtotal	\$ _____
Total Permit Cost	\$ _____	SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00	Total Payable	\$ _____
Receipt#	_____		Total Refund	\$ _____
<input type="checkbox"/> Cash <input type="checkbox"/> E-Transfer (to: permits@ijd.ca) <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card				