



Private Sewage System Permit Application

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	☐ Holding Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____	☐ Treatment Field ☐ LFH At-Grade
☐ Residential # of bedrooms: _____	☐ Septic Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____	☐ Chamber System Treatment Field ☐ Open Discharge
☐ Commercial # of seats (employees): _____	☐ Packaged Sewer Treatment Plant	☐ Treatment Mound ☐ Lagoon
☐ Industrial	☐ Sand Filter	☐ Sub-surface Drip Dispersal ☐ Privy (with holding tank)
☐ Institutional	☐ Effluent Tank	☐ Enhanced Surface Discharge
☐ Farm Building	☐ Settling Tank	Depth to Restrictive Layer: _____ ☐ Meters ☐ Feet ☐ Inches
☐ Work Camp # of beds: _____ Variance No.: _____ Variance Exp. Date: _____	☐ Lift Station	Depth to Limiting Layer: _____ ☐ Meters ☐ Feet ☐ Inches
Expected Peak Volume: _____		Limiting Soil Characteristics: Texture: _____ Structure: _____ Grade: _____
☐ L/day ☐ Imp. Gal/day ☐ Meters ³ /day (not to exceed 25 m ³ /day)		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

FOIP Notification: The personal information required by the Town of Staveland application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Staveland at 403-549-3761 or 5001 50th Avenue, Staveland T0L 1Z0.

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.: _____