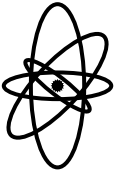


PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION FORM



Davis Inspection Services Ltd
 #146, 3132 – 26 St NE Calgary, T1Y 6Z1
 Phone: (403) 275-3338, Fax: (403) 275-9790
 Tel/Fax: 1800 -639-0912 www.davisinspections.ca

For Office Use Only
DV **Permit #:**
Alberta Municipal Affairs
File #:
Permit #:

Permit Applicant: Contractor <input type="checkbox"/> Owner <input type="checkbox"/>		Date: _____
Occupant: _____		Nearest City, Town Village or Hamlet: _____
Site Address: _____		Municipality: _____
Directions to Site: _____		
Lot #: _____ Block #: _____ Plan: _____ LSD: _____ Sec: _____ Twp: _____ Range: _____ W. of <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th M		
Owner: _____	Phone #: _____	Fax #: _____
Mailing Address: _____		PC: _____
Owner email: _____		

Description of Installation:

Expected Volume of Effluent: _____ m2/day, gallons/day, litres/day

- Components Used:** Septic Tank Disposal Field Sand Filter Sewage Holding Tank Open (surface) Discharge
Treatment Mound Other Initial Treatment Packaged Sewage Treatment Plant Other Final Disposal Method
Sewage Lagoon

Basic System Drawing: Attach a basic system sketch including: location in relation to buildings, distance to water supply and/or surface water bodies, and other pertinent information.

TYPE OF OCCUPANCY <small>(Indicate major occupancy)</small>	TYPE OF WORK	PROJECT TYPE	USE OF BUILDING(S) OR INSTALLATION
1. Residential <input type="checkbox"/>	1. New <input type="checkbox"/>	1. Residential / Conventional <input type="checkbox"/>	1. Institutional <input type="checkbox"/>
2. Farm/ranch <input type="checkbox"/>	2. Renovation <input type="checkbox"/>	Advanced <input type="checkbox"/>	2. Public service <input type="checkbox"/>
3. Commercial <input type="checkbox"/>	3. Additions <input type="checkbox"/>	2. Commercial / Conventional <input type="checkbox"/>	3. Retail/wholesale/ service/office <input type="checkbox"/>
4. Industrial <input type="checkbox"/>	4. Connection only <input type="checkbox"/>	Advanced <input type="checkbox"/>	4. Petro/chemical industry <input type="checkbox"/>
5. Oilfield/gas <input type="checkbox"/>	5. Other <input type="checkbox"/>	3. Industrial / Conventional <input type="checkbox"/>	5. Agriculture <input type="checkbox"/>
		Advanced <input type="checkbox"/>	6. Lumber/pulp industry <input type="checkbox"/>
		4. Work Camp <input type="checkbox"/>	7. Other <input type="checkbox"/>
		5. Non Residential <input type="checkbox"/>	

I HEAREBY CERTIFY THIS INSTALLATION WILL BE COMPLETED IN ACCORDANCE WITH THE SAFETY CODE ACT AND REGULATIONS

**Residential property owner declaration
(if applicable)**

I am the registered owner of this single family dwelling and accept full responsibility for the proper installation in compliance with the safety code act and regulations. All information provided is true and correct. No work will be covered until accepted by a safety codes officer.

SIGNATURE OF HOMEOWNER

Contractor Name: _____

Address: _____

City: _____ PC: _____

Tel: _____ Fax: _____

Email : _____

Journeyman's Name(Print) _____

Journeyman's Class and #: _____

Journeyman's Signature: _____

Method of Payment:
Cheque Invoice Visa Master Card
 Other _____

If paying by Credit Card:

Expiry Date: _____

Signature

Value of Work (materials & labor): \$ _____

Permit Fee \$: _____

Other Fee \$: _____

Safety Codes Council Fee \$: _____

GST# 137725222 (if applicable) \$: _____

Total \$: _____

For office use only

SCO# _____ Desig.# _____ SCO _____ Signature _____