



Box 600
 Crowsnest Pass, AB T0K 0E0
 Phone: 403-562-8833
 Fax: 403-563-5474

Office Use Only
 (Paid or Received)

Cheque Cash Debit

Private Sewage Disposal System Permit Application Form

I/We hereby make application for a PSDS Permit under the provisions of the Safety Codes Permit Bylaw, and relevant Provincial Legislation, in accordance with the plans and supporting information submitted herewith which form part of this application.

WORK MUST COMMENCE WITHIN 90 DAYS OF ISSUE DATE AND THE PERMIT WILL EXPIRE WITHIN ONE YEAR OF ISSUE DATE.

Applicant/Contractor			Property Owner		
Contractor:	YES	NO	Same as Applicant:	YES	NO
Valid Business License:	YES	NO			
NAME			NAME		
MAILING ADDRESS			MAILING ADDRESS		
PHYSICAL ADDRESS			PHYSICAL ADDRESS		
PHONE/ALT PHONE			PHONE/ALT PHONE		
EMAIL/FAX			FAX		
PSDS CERTIFICATE#			EMAIL		
SIGNATURE			SIGNATURE		
<i>Agent Declaration: By signing this Permit, I hereby certify that I am a certified agent of the property owner.</i>			<i>Property Owner Declaration: By signing this Permit, I hereby certify that I own or will own and occupy this property.</i>		
<i>The permit applicant certifies that this project will be completed in accordance with Alberta Safety Codes Act & Regulations. The permit applicant is responsible for contacting the Municipality for all inspections required. Any extra inspections exceeding what is required by the conditions of the permit may incur additional fees.</i>					

PROPERTY DESCRIPTION/PROJECT LOCATION		
LOT(S):	BLOCK:	PLAN:
CIVIC ADDRESS OF PROJECT:		
EXISTING USE OF LAND/BUILDING:		
DIRECTIONS:		
START DATE OF PROJECT:	EXPECTED DATE OF INSPECTION:	

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act as per section 33 (c). 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 FOIP Coordinator of the Municipality of the Crowsnest Pass at 403-562-8833.

DETAILS OF PROPOSED PROJECT (Check all that apply)

TYPE OF OCCUPANCY		TYPE OF WORK		TYPE OF INSTALLATION	
<input type="checkbox"/>	Residential	<input type="checkbox"/>	New Installation	<input type="checkbox"/>	Homeowner Tank & Field
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Alteration	<input type="checkbox"/>	Certified Installer Tank & Field
<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	Septic/Holding Tank(s) Only
<input type="checkbox"/>	Multi Family				
<input type="checkbox"/>	Institutional				
<input type="checkbox"/>	Farm Building				
<input type="checkbox"/>	Other				

Description of Work:		
<ul style="list-style-type: none"> o Field:_____sqft o Mound:_____sqft o Lagoon o Open Discharge o Packaged Sewage Treatment Plant o At Grade 	Septic Tank: Serial #:_____	Holding Tank: Serial #_____
# Employee's (non-residential):_____	# of Bedrooms (residential):_____	PLEASE ATTACH: <ul style="list-style-type: none"> o SOIL LOG REPORT (2 TEST PITS) o SOIL ANALYSIS o SYSTEM DIAGRAM o CSA-B66 CERTIFICATE
Volume of Effluent/Day:_____ (gallons)	Working Capacity of Tank:_____	

<i>Office Use Only (Safety Codes Officer/Permit Issuer)</i>				
E-Site Permit Number		Tax Roll #:		
Permit Fee	SCC Levy		Total Fee	
Issue Date		Permit Expiry Date		
Issuing Officer		Designation#		
Signature of Issuing Officer				
MUNICIPAL FILE/PERMIT NUMBER (AFFIX STICKER)				