



# Private Sewage Disposal Permit Application

10001 - 84th Avenue, Clairmont, AB T8X 5B2  
Phone: 780.513.3950 Fax: 780.539.7686  
plan@countygp.ab.ca

Permit Number: \_\_\_\_\_

Roll Number: \_\_\_\_\_

Application Date: \_\_\_\_\_ Development Permit Number: \_\_\_\_\_  
Permit Type:  Owner  Contractor Building Permit No.: \_\_\_\_\_  
Other Permits/Applications Required:  Development  Building  Electrical  Plumbing  Gas

Landowner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Certified Installer/Journeyman's Name: \_\_\_\_\_  
Certified Installer/Journeyman Number: \_\_\_\_\_

Legal: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
Part of: \_\_\_\_\_ 1/4 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ W6M \_\_\_\_\_  
Civic/Rural Address: \_\_\_\_\_  
Subdivision Name: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Type of Work:  New Work  Renovation  Connection  Temporary  
 Camp  Other \_\_\_\_\_

**\*Please check all that apply**

Intended Use:  Agricultural  Residential  Commercial  Industrial  
 Institutional  Other \_\_\_\_\_



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Permit Number: \_\_\_\_\_

Roll Number: \_\_\_\_\_

System Design Criteria (please complete all applicable items):

- New Installation       Alteration

Volume of Effluent: \_\_\_\_\_  m<sup>3</sup>/day  gallons/day  litres/day

**Category A:**

- Septic Tank      Size: \_\_\_\_\_
- Holding Tank      Size: \_\_\_\_\_
- Other      Size: \_\_\_\_\_

**Category B:**

- Open (Surface) Discharge      Size: \_\_\_\_\_
- Packaged Sewage Treatment Plant
- Sewage Lagoon
- Sand Filter
- At Grade (**Variance Required**)
- Disposal Field

Description of Work:

\_\_\_\_\_  
\_\_\_\_\_

Permit Applicant Declaration: The permit applicant hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations, all applicable Codes, and Municipal Bylaws. Work shall commence within 90 days from the date of the issuance of the permit and expires in accordance with the County of Grande Prairie No.1's Uniform Quality Management Plan (QMP) without extension request. If the work authorized by the permit is suspended or abandoned for a period of 120 days at any time after the work has commenced, the permit will expire.

The personal information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act, Section 642 of the Municipal Government Act and /or the Safety Codes Act. The information will be used to process the application(s) and the names &/or address of where the development /use is being proposed may be made available to the public upon request or at a Public Council Meeting. If you have any questions on the collection and use of the information; please contact the FOIP Representative at 780-532-9722.

In the event that this permit is taken out to complete works started under a cancelled permit for the specific project, the applicant assumes responsibility that any previous work started for the project is completed in accordance with Safety Codes Standards by time of project completion.

I hereby certify that I am the owner or owner's agent of the property for this application. I have read and understood the statements printed on this form. I agree to all applicable laws in this jurisdiction.

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Applicant Signature

<b>Application Fee:</b>	
Permit Fee:	CR93
Penalty:	CR96
Permit Fee Subtotal:	
Safety Codes Council Levy:	CR95
Other Fee:	
<b>Total Fee:</b>	
<b>Payment Method:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Money Order <input type="checkbox"/> Invoice	