

TOWN of BEAVERLODGE

Private Sewage Disposal Permit Application



400 - 10 ST, Beaverlodge, AB TOH OCO Phone:
780.354.2201 Fax: 780.354.2207
www.beaverlodge.ca

Permit Number: **PRPSW**

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 _____

