



PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION FORM

Roll Number: _____

Development Number: _____

Application Date: DD / MMM / YYYY

Estimated Project Start Date: DD / MMM / YYYY

Applicant Type: Homeowner Contractor

Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Safety Codes Act. Section 25(1) of the Permit Regulation states: "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days." An extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

Owner's Signature / Declaration (Single Family Residential Only) _____ "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."

Company Name: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

PSDS Installer's Number _____ Print Private Sewage Installer's Name _____ Installer's Signature _____

Project Location in the City of Cold Lake:
 Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

INSTALLATION:
 New installation
 Alteration
 Expected Volume of Sewage:

 m³ per day
 Litres per day
 Gallons per day

TYPE OF WORK:
 Commercial
 Residential
 _____ Number of Bedrooms
 Work Camp
 _____ Number of Men
 Other _____

TREATMENT / DISPOSAL METHODS (COMPLETE ALL APPLICABLE ITEMS):
 Treatment Mound Disposal Field
 Sewage Lagoon Open (Surface) Discharge
 Sand Filter Packaged Sewage Treatment Plant
 Septic Tank Size _____
 Sewage Holding Tank Size: _____
 Other _____

Description of Work: _____

Payment Type: Cash Cheque On Account Interac
Permit Fee: \$ _____
+ SCC Levy*: \$ _____
+ Admin Fee: \$ _____
Total Cost: \$ _____ **Receipt #:** _____
*\$4.50 or 4% of the permit fee maximum \$560.00

OFFICE USE ONLY

Issuing Officer's Name: _____
 Issuing Officer's Signature: _____
 Designation Number: _____
 Permit Issue Date: DD / MMM / YYYY

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS PRIOR TO COVER OR CONCEALMENT ALLOWING TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

5513 – 48 Avenue, Cold Lake, AB • T9M 1A1 • Phone: 780 594 4494 • Fax: 780 594 3480

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