



INSPECTION SERVICES FOR THE CITY AND
CAMROSE COUNTY

PERMIT NO.

PRIVATE SEWAGE TREATMENT SYSTEM PERMIT

Date: _____ Municipality _____ Roll # _____ Zone _____

Permit Applicant: ☐ Owner ☐ Contractor

Owner Name _____ Mailing Address _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Contractor/Firm Name _____ Mailing Address _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Project Location Street/Rural Address _____

Lot _____ Block _____ Plan _____ Section _____ Township _____ Range _____ W4

INSTALLATION DETAILS _____

TYPE OF OCCUPANCY	TYPE OF WORK	INSTALLATION	TREATMENT DISPOSAL METHODS
☐ Single Residential ☐ Commercial ☐ Industrial ☐ Offsite Manufactured Home ☐ Shop ☐ Accessory Building ☐ Other:	☐ New ☐ Renovation ☐ Subdivision ☐ Other:	☐ New ☐ Alteration Expected Volume of Effluent: ☐ m ³ /day _____ ☐ litres/day _____ ☐ gallons/day _____ (not to exceed 25 m ³ /day) # of bedrooms: _____ (residential including basement and future development)	☐ Septic Tank ☐ Holding Tank ☐ Treatment Mound ☐ Treatment Field ☐ Open (Surface) Discharge ☐ Packaged Sewage Treatment Plant ☐ At-Grade ☐ Privy ☐ Other:

FOIPP Notification: The personal information required by the City of Camrose application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Personal information may also be used by the city of Camrose to conduct ongoing evaluations of the services provided by its service providers to permit applications, permit holders and owners. Please direct any questions about this application to the City of Camrose FOIPP Coordinator at 780.672.4426.

Certified Installer's Name (Print) _____

Certified Installer's Signature _____

Homeowner Signature (homeowner permit only) _____

Certified Installer's PS# _____

By signing this application I hereby certify that I own or will own and occupy this dwelling.

Office Use Only

Permit Fee	SCC Levy (\$4.50 or 4% of permit fee, max \$560.00)	Issuer's Name
Travel Fee (Includes GST)	Total Cost	Issuer's Signature
	Receipt No.	Designation Number
		Permit Issue Date
	SCO Designation No.	SCO Signature

Permit expires two years after Permit Issue Date unless, prior to expiry date, an extension is applied for and accepted at the Discretion of the Safety Codes Officer.