

Planning and Development Services, 2001 Sherwood Drive, Sherwood Park, Alberta T8A 3W7

Phone 780-464-8080 Fax 780-464-8142
email planninganddevelopment@strathcona.ca

Property address _____ Subdivision _____

Legal description Lot _____ or Condo unit _____ Block _____ Plan _____
(if applicable) Quarter _____ Section _____ Township _____ Range _____ Meridian 4When your permit is ready do you want us to: contact you for pick up mail it fax it email it

Applicant name(s) _____ Contact name _____

Applicant address _____

City _____ Province _____ Postal code _____

Phone number _____ Alternate phone _____ Fax _____

email address _____

Landowner name _____ Phone _____
(If different than applicant)Building type residential commercial industrial institutional other

Description of work _____

Installation information (mandatory)

septic tank size _____ gallons

Design specifications

Number of bedrooms _____ Expected daily flow _____

Contractor declaration (if contractor is applying)

I hereby certify that this installation will be completed in accordance with the Act and Regulations.

Homeowner declaration (if homeowner is applying)

I hereby declare that I am the owner of the premises in which the work will be conducted, and I reside on the property. I assume responsibility for compliance with the applicable Act and Regulations.

Contractor's Signature_____
Private Sewage ID_____
Owner's Signature**Collection and use of personal information**Personal information is collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of Strathcona County's planning and permitting processes. Information related to your permit application and/or any permit(s) issued may be disclosed as allowed or required by law. If you have any questions about the collection, use or disclosure of your personal information, contact the Building Regulation Services Coordinator, Planning and Development Services, Strathcona County at 780-464-8080.**For office use only**

PSD _____ Date received _____ Roll number _____

SCC _____ Received by _____ Application number _____

Total _____ Entered by _____

Receipt number _____ Date entered _____

Completed application to be submitted as part of Septic Tank Plumbing Permit application. Information provided will be used during the review of the application and will be stored in the property file and retained in accordance with the County's documents retention policy.

Septic Tank Plumbing Permit – Application
(Connection to Municipal Low-Pressure Main)

Private Sewage Design Information

If applicable, is a Municipal Storm Sewer tie in required? Yes No

Is the application for a **Septic Tank Replacement**? Yes No

A plan view drawing (site plan) is required alongside an application for a Private Sewage Disposal System Permit.

Tank Manufacturer _____ Model _____

First Pump Manufacturer		Model
Serial #	HP	Amperage
Voltage	Pump Capacity head	US gal per minute at ft.

Effluent filter Type _____

High level alarm Type _____

High level alarm location Exterior of house Interior of house

Burial depth of septic tank Over 4 feet of cover Under 4 feet, cover insulation is required

Benchmark GPS coordinates are required _____

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Landowner Confirmation - This portion to be completed by the property owner

Complete this page based on the intended final state of the property upon completion of building and development. Include rooms and fixtures from principal dwelling and any secondary dwelling(s) or dwelling unit(s) and include any developed basement(s).

Number of bedrooms (*includes basement if applicable*) Existing _____ Proposed to be added _____ Total _____

Number of bathrooms 2-piece _____ 3-piece _____ 4-piece _____ 5-piece _____ 6 or more piece _____

Number of kitchen sinks _____ Number of laundry tubs (*sinks*) _____

Number of washing machines (*laundry*) _____ Number of specialty baths/showers _____
(i.e. steam shower, jacuzzi, multiple head shower)

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| water well | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| water softener | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| reverse osmosis | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| garbage grinder or garburator | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| weeping tile drains into the sewage system | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| home based business | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If yes to the home based business, please describe: _____

To the best of my knowledge, no other water devices will be added to the premise Yes No

I hereby declare that I am the owner or one of the owners, or if the owner is a corporate entity, I am authorized on behalf of that entity, of the premise described above and on the attached Private Sewage Disposal (PSD) Permit Application and I certify that the information provided on this Private Sewage Disposal Landowner Confirmation of Information Form is true and accurate to the best of my knowledge.

Print name

Signature

Date (yyyy-mm-dd)

Further, I hereby confirm that I have read the attached Private Sewage Disposal (PSD) Permit Application for my property and I certify that all statements provided are true and accurate to the best of my knowledge.

Print name

Signature

Date (yyyy-mm-dd)

Septic Tank Plumbing Permit – Application (Connection to Municipal Low-Pressure Main)

Conditions

- 1 **Act**
The issuance of a Permit shall not prevent a Safety Codes Officer from issuing a correction notice if a private sewage disposal system or part thereof is found not to be in accordance with the Safety Codes Act or the regulations and bylaws.

- 2 **Deviation**
No deviation from the plans, specifications or information contained on the application for this Permit shall be permitted without prior written authorization from the Safety Codes Officer.

- 3 **Location of utilities**
Before excavation is started, check for the location of utilities.

- 4 **Authorized Persons**
The work authorized by this Permit may be performed only by a person having qualifications of a certified installer, or a journeyman plumber.

- 5 **Expiry**
This Permit expires one year from the date of issue.

- 6 **Inspection**
The person authorized to perform a plumbing installation by this Permit shall notify the Safety Codes Officer prior to backfill or cover-up of any plumbing and arrange for an inspection by calling 780-464-8169.

- 7 **Admission**
The Safety Codes Officer shall not be refused admission during any reasonable hours of the day for the purposes of a plumbing inspection.

- 8 **Important notice**
If any part of the plumbing system is covered prior to inspection and approval the Safety Codes Officer may request that all work be uncovered.

- 9 **Re-inspection**
Any required re-inspection shall be subject to a re-inspection fee, as per the current fee schedule. This fee is required to be paid before to the re-inspection takes place.

- 10 **Offence**
Any person who commits a breach of any of the provisions of the Safety Code Act, or regulations made pursuant thereto, or of the conditions of a Permit, is guilty of an offence under the Act.

- 11 **Approval**
Neither the examination of plans and specifications nor the issuance of a permit shall be construed to be an approval of any installation made or done in contravention of any provision(s) of a bylaw, an agreement or the Safety Codes Act or regulations. Satisfactory inspections are required for final approval.

- 12 **Landowner Confirmation of Information Form**
A complete Landowner Confirmation of Information Form is required as part of an application for a Septic Tank Plumbing Permit.

Payment information - The information below is collected and will only be used to make the authorized credit card payment for this approved one time amount. The information will only be copied, distributed or otherwise disclosed with prior approval. This information will be processed and then immediately destroyed.

✂-----

If the completed application is being **mailed or delivered**, please complete the following:

<input type="checkbox"/> Receipt Required		Total Payment Submitted \$
Paying by: <input type="checkbox"/> Cheque <input type="checkbox"/> AMEX <input type="checkbox"/> Master Card <input type="checkbox"/> Visa (Postdated cheques are not accepted)		Cardholder Name
Card Number	Expiry Date	Signature

If the completed application is being **emailed**, please do not complete the credit card information, instead our staff will contact you for payment. As a PCI compliant organization, **we cannot accept credit card information through email.**