



Town of Smoky Lake
 Box 460
 56 Wheatland Avenue
 SMOKY LAKE AB T0A 3C0
 Phone: 780 656 3674
 Fax: 780 656 3675

Permit Sticker

The Inspections Group Inc.
 12010 – 111 Avenue NW
 EDMONTON AB T5G 0E6
 Phone: 780 454 5048 Toll Free: 866 554 5048
 Fax: 780 454 5222 Toll Free: 866 454 5222
 www.inspectionsgroup.com

PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION FORM

Development Permit: _____

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 Alberta Safety Codes Act & Regulations. Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act Section 25(1) 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." Please note that an extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ 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 on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: _____ Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

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

Project Location in The Town of Smoky Lake:

Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

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: _____

COMPLETE THE ATTACHED SITE EVALUATION REPORT.

Payment Type: Cash Cheque C/C Agreement Interac

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____ Receipt #: _____

*\$4.50 or 4% of the permit fee maximum \$560.00

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: DD / MMM / YYYY _____

REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.