



Town of Bow Island
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The Inspections Group Inc
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 www.inspectionsgroup.com

Please submit all permit applications to south@inspectionsgroup.com for review and processing.

PRIVATE SEWAGE PERMIT APPLICATION FORM

Development Permit Number: _____ Estimated Project Completion Date: _____
 New Home Warranty Number (if applicable): _____ Project Value (labour and material): \$ _____
 Applicant Type: Owner Contractor Work: has not started is in progress is complete

OWNER / APPLICANT: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

CONTRACTOR: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

PROJECT LOCATION:

Municipality: _____ Subdivision / Hamlet Name: _____
 Street Address: _____
 Legal Land Description: LSD: _____ Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Lot: _____ Block: _____ Plan: _____ Tax Roll Number: _____
 Directions: _____

BUILDING USE:

- Residential
of bedrooms _____
- Commercial
of employees _____
- Industrial
- Institutional
- Agricultural
- Work Camp
of workers _____
- Other (specify) _____

TYPE OF WORK:

- New Installation
- Alteration of Existing System
- Expected Peak Volume _____
 m³ litres imperial gallons / day

INITIAL COMPONENT:

- Holding Tank
- Septic Tank
- Packaged Treatment Plant
- Sand Filter
- Settling Tank
- Effluent Tank
- Lift Station
- Other (specify) _____

CSA Certificate # _____

SOIL BASED TREATMENT:

- Treatment Field
- Chamber System Treatment Field
- Treatment Mound
- Sub-Surface Drip Dispersal
- LFH At-Grade
- Open Discharge
- Lagoon
- Privy
- Enhanced Surface Discharge
- Other (specify) _____

DESCRIPTION OF WORK: _____

Certified Installer's Name (print) _____ Certified Installer's Certificate Number _____ Certified Installer's Signature _____ Homeowner's Signature (homeowner permit only) _____
I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.

TIGI OFFICE USE ONLY

PAYMENT TYPE:

- Cheque Mastercard Visa AMEX Interac e-Transfer Invoice

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

= Total Cost: \$ _____

Receipt #: _____

APPLICATION DETAILS:

Date Received: _____

Permit Number: _____

Agency File Number: _____

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