



Town of Bow Island  
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The Inspections Group Inc  
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Please submit all permit applications to [south@inspectionsgroup.com](mailto: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 \_\_\_\_\_
- ☐ m<sup>3</sup> ☐ 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:

Application Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

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

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.