

Description

A Private Sewage Treatment System Permit is required for installing a private sewage treatment system.

IMPORTANT NOTICE: this application does not permit you to commence construction until such time a permit has been issued by the inspection authority.

Fees and Timelines

Once this application has been submitted, a City representative will be in contact with you. You will be contacted by the City of Grande Prairie to arrange payment.

Submittal Requirements

- | | |
|---|--|
| <input type="checkbox"/> Private Sewage Systems Design *not required for temporary | <input type="checkbox"/> Tank Specifications and Diagram |
| <input type="checkbox"/> Site Evaluation Report (SOP 2015 Part 7) *not required for temporary | <input type="checkbox"/> Controls Specifications and Diagram |
| <input type="checkbox"/> Soil Log *not required for temporary and holding tanks | |

Examples of designs can be found at: alberta.ca/private-sewage-design-tools-and-contractors.aspx

Submission Information

Complete applications and all submittal requirements may be submitted electronically to inspections@cityofgp.com. Application may also be dropped off or mailed to:
City Service Centre
9505 – 112th Street
Grande Prairie, AB T8V 6H8

Questions

For questions on the permit requirements, please contact **780-538-0421** or email inspections@cityofgp.com

FOIP Act Policy

This information is being collected under the authority of the City of Grande Prairie Building Bylaw and will be used to process the application. This information may be used to provide statistical data. The information is protected by the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of information please contact the City of Grande Prairie FOIP Coordinator at 780-538-0300.

Clear Form

Print Form

A. Project Address

Civic

Legal

Lot:

Block:

Plan:

B. Type of Work

Commercial

Industrial

Institutional

Residential

Temporary

C. Details of Work

Holding Tank

Open Discharge

Mound

Field

At Grade

Other:

D. Applicant Information

Applicant / Company

Homeowner

Yes

No

Applicant Address

City

Province

Postal Code

Contact Name

Contact Phone

Contact Email

Business License

E. Owner Information (if different from above)

Owner Name

Address

City

Province

Postal Code

Email

Phone

Clear Form

Print Form

I, (print name) _____, hereby declare I am I represent the owner of the property on which the work identified in this application will be conducted in accordance to the plans submitted, and upon approval will adhere to the conditions / terms of the Building Bylaw. I / we will notify the Inspection Authority of any proposed changes to the plans submitted with this application.

NOTE: By typing your name into the signature box below (or by signing a printed version of this application), you agree that all information submitted on this declaration is true and accurate.

Signature of Registered
 Owner/Agent

Date of Application

For Office Use Only

Date Paid		Receipt #	
Payment Type	<input type="checkbox"/> MC	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Other
PSTS Fee		Safety Codes Fee	