



**Private Sewage Disposal Permit Application**

9927-100 Street, Box 420, Sexsmith, AB T0H 3C0  
 Phone: 780.568-3681 Fax: 780.568-2200  
 www.sexsmith.ca/reception@sexsmith.ca

Permit Number: **PRPSW** Roll Number: \_\_\_\_\_

Application Date: \_\_\_\_\_ Development Permit Number: \_\_\_\_\_  
 Permit Type:  Owner  Contractor Building Permit No.: \_\_\_\_\_  
 Other Permits/Applications Required:  Development  Building  Electrical  Plumbing  Gas

Landowner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Certified Installer/Journeyman's Name: \_\_\_\_\_  
 Certified Installer/Journeyman Number: \_\_\_\_\_

Legal: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Part of: \_\_\_\_\_ 1/4 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ W6M \_\_\_\_\_  
 Civic/Rural Address: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Type of Work:  New Work  Renovation  Connection  Temporary  
 Camp  Other \_\_\_\_\_

*\*Please check all that apply*

Intended Use:  Agricultural  Residential  Commercial  Industrial  
 Institutional  Other \_\_\_\_\_

