



RESIDENTIAL BUILDING PERMIT INFORMATION & CHECKLIST REQUIREMENTS

APPLICATION REQUIREMENTS – Along with your approved development permit from the Municipality, ensure the listed supporting documentation is included with the completed building permit application, or delays may occur with regards to issuing the building permit.

NEW HOME BUYERS PROTECTION ACT – Since February 1, 2014, When constructing a new home, cabin, garage with living quarters or moving in a manufactured home you **must** provide New Home Warranty Registration at time of application.

NATIONAL ENERGY CODE (NEC) – The NEC came into effect November 1, 2016. Ensure the 9.36 Compliance Report is completed and submitted with the building permit applications and documentation.

<p>CONSTRUCTION OF NEW HOMES & ADDITIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> site plan <input type="checkbox"/> floor plan(s) <input type="checkbox"/> foundation plan <input type="checkbox"/> elevation views <input type="checkbox"/> building cross sections <input type="checkbox"/> roof truss layouts <input type="checkbox"/> manufactured floor joist layouts (Layouts can be on site at the framing stage) <input type="checkbox"/> engineered stamped drawings for attached garage if it is pile and grade beam <input type="checkbox"/> Preserved Wood Foundations require plans designed by an Engineer, registered in the Province of Alberta. (unless designed to the CAN/CSA S406-16 (R2003)) <input type="checkbox"/> Hydronic Heating design information and designer certification 	<p>MANUFACTURED, MODULAR, MOBILE HOMES</p> <ul style="list-style-type: none"> <input type="checkbox"/> site plan <input type="checkbox"/> floor plan <input type="checkbox"/> foundation plan** <input type="checkbox"/> CSA, QAI or Intertek # <input type="checkbox"/> Serial # <input type="checkbox"/> AMA # <input type="checkbox"/> square footage <input type="checkbox"/> year of manufacture <p>ONE ROOM ADDITIONS & MANUFACTURED SUNROOMS</p> <ul style="list-style-type: none"> <input type="checkbox"/> site plan <input type="checkbox"/> floor plan <input type="checkbox"/> foundation plan** <input type="checkbox"/> cross section view <input type="checkbox"/> if manufactured sunroom, supplier’s full product information is required or an engineer’s approval <p>** NOTE: Pile foundations require engineering</p>
<p>STORAGE BUILDINGS / GARAGES / SHEDS / CARPORTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> site plan <input type="checkbox"/> floor plan <input type="checkbox"/> elevation views <input type="checkbox"/> building cross sections <input type="checkbox"/> roof truss and beam design information <input type="checkbox"/> Hydronic Heating design information and designer certification (if applicable) <input type="checkbox"/> pole buildings <u>require</u> engineering <p><u>Foundation Requirements:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 4 foot frost wall and strip footing <input type="checkbox"/> concrete slab over 55 sq. meters (592 sq. ft.) must be engineered <input type="checkbox"/> engineered grade beam and pile <input type="checkbox"/> any other foundation will require a structural engineered stamped plan <p><u>Wall Requirements:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> walls up to 3.6 m in height are acceptable <input type="checkbox"/> walls over 3.6 m will require an <u>engineered</u> stamped plan. <p>BASEMENT DEVELOPMENTS & SUITES AND MINOR RENOVATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> floor plan showing layout of new walls, bathrooms, bedrooms, windows and doors 	<p>HOT TUBS / SWIMMING POOLS</p> <ul style="list-style-type: none"> <input type="checkbox"/> site plan with dimensions of tub/pool <input type="checkbox"/> fence info <p>ROOF MOUNTED SOLAR PANELS</p> <ul style="list-style-type: none"> <input type="checkbox"/> roof layout showing anchorage of panels and railing system (<i>manufacturer’s specifications required to be submitted or must be engineered</i>) <input type="checkbox"/> existing roof structure to be identified <p>DECKS</p> <ul style="list-style-type: none"> <input type="checkbox"/> site plan <input type="checkbox"/> foundation plan** <input type="checkbox"/> floor layout <input type="checkbox"/> cross section view <p>ACCESSABILITY RAMPS</p> <ul style="list-style-type: none"> <input type="checkbox"/> site plan <input type="checkbox"/> foundation plan** <input type="checkbox"/> cross section view <p>HVAC INSTALLATIONS (not with new construction)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Replace duct work and venting; provide detailed description of work <input type="checkbox"/> Hydronic heating; provide the design information and heat loss calculations <p>WOOD STOVES (including fireplaces, pellet and coal stoves)</p> <ul style="list-style-type: none"> <input type="checkbox"/> floor plan <input type="checkbox"/> references to certification listing <input type="checkbox"/> manufacturers installation instructions <p>**NOTE: Pile foundations require engineering</p>



100, 14535-118 Avenue
 Edmonton, AB T5L 2M7
 Ph. 1.866.999.4777
 Fax 1.866.900.4711
 Email: info@superiorsafetycodes.com

Construction checklists for additions, decks, garages, mobile homes and wood stoves are also available.
Contact Superior Safety Codes at 1.866.999.4777 if you require any information regarding building permits or drawings that are required.

FOR OFFICE USE ONLY

Date received (m/d/y): _____ Receipt no.: _____

Authorized County personnel: _____

Please submit completed Credit Card Authorization Form to Lac Ste. Anne County Administration.

PAYMENT AUTHORIZATION

Service description: _____

AMOUNT \$: _____

I authorize the above amount to be applied to the following credit card.

CREDIT CARD INFORMATION

Type of card: Visa Mastercard

Name of Card Holder (as it appears on credit card): _____

Name of Business (if applicable): _____

Credit card no.: _____ Expiry (m/y): _____ CVC: _____

Billing address: _____

City: _____ Province: _____ Postal code: _____

Please be advised that if you are remitting a payment with your credit card number, this application cannot be submitted by email to ensure security of your credit card information. This form can be mailed with your application to the address below. Alternatively, you can remit the application by email **without** the Credit Card Authorization Form and include contact information for payment. Please be advised that permits will not be processed until payment is received. This credit card information will be securely disposed of upon receipt of payment.

Signature of authorized Card Holder: _____ Date (m/d/y): _____

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. If you have any questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County FOIP Coordinator at the address below.

APPLICATION DATE (m/d/yr): _____

eSITE permit number: 193193- _____ Development permit number: _____

New Home Buyer Protection Act registration no.: _____ Builder license number: _____

ESTIMATED START DATE (m/d/yr): _____ **ESTIMATED COMPLETION** (m/d/yr): _____

Permit type: Owner Contractor Project value (materials and labour): \$ _____

CONTACT INFORMATION

Full name of Owner: _____

Mailing address: _____ City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Contractor: _____ Contact: _____

Mailing address: _____ City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Contractor business license number (issued by Lac Ste. Anne County): _____

PERMIT INFORMATION

Street/rural address: _____ Subdivision/hamlet: _____

Unit: _____ Lot: _____ Block: _____ Plan: _____ Tax roll no.: _____

All or part of: Quarter: _____ Section: _____ Township: _____ Range: _____ W of 5 Meridian

Architect and/or Engineer (if applicable): _____ Tel: _____

TYPE OF BUILDING

TYPE OF WORK

PROJECT INFORMATION

Residential	New (stick built)	Demolition	Main floor: _____ sq.ft.
Commercial	Addition	RTM/Modular	Second floor: _____ sq.ft.
Multi-family	Change of use	Deck	Basement: _____ sq.ft.
Industrial	Manufactured home	Wood stove	<i>developed: yes no</i>
Institutional	Basement development	Renovation	Covered porch/deck: _____ sq.ft.
Oil and Gas	Accessory building	Porch	Garage area: _____ sq.ft.
	Other _____		<i>attached detached</i>

TOTAL DEVELOPED _____ sq.ft.

No. of stories: _____ sq.ft

Box 219, Sangudo AB T0E 2A0

T 780.785.3411 TF 1.866.880.5722 F 780.785.2985 E DEVASSISTANT@LSAC.ca www.LSAC.ca

DETAILED DESCRIPTION OF WORK

Building classification: _____

PERMIT APPLICANT DECLARATION

The permit applicant certifies that this installation will be completed in accordance with the *Alberta Safety Codes Act and Regulations*, and that work will commence within 90 days of application. The permit applicant/owner acknowledges that per Section 12(2) of the *Alberta Safety Codes Act*; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out.

Name of permit Applicant: _____ Signature: _____

HOMEOWNER DECLARATION

By signing this permit, I hereby certify that I own or will own and occupy this dwelling.

Name of Homeowner: _____ Signature (Homeowner permits only): _____

PERMIT VALIDATION

The permit validation is to be completed by the Building Safety Code Officer (BSCO).

Special conditions: _____

Name of BSCO: _____ Signature: _____ Designation: _____

I WISH TO RECEIVE APPROVAL VIA Mail Email

-- FOR OFFICE USE ONLY --

Permit fee: \$ _____ SCC levy*: \$ _____ **TOTAL FEE: \$** _____

Payment method: Cash Cheque Debit Invoice Credit card (attach Credit Card Authorization Form)

*SCC levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560.00.

CHECKLIST REQUIREMENTS

In order to confirm compliance with Section 9.36 of the ABC 2014, the checklist below is to be completed and submitted as a part of any application for a Single Family. Trade off and Performance paths will also require a complete set of calculations to process. Incomplete information will delay the application processing.

CONTACT INFORMATION

Owner's First and Last Name: _____

Project Address: Street/Rural Address: _____ Subdivision/Hamlet: _____

Unit #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____

Legal Subdivision, Part of: _____ 1/4 Sect: _____ Twp: _____ Rge: _____ (W of 5 Meridian)

Directions: _____

Contractor's First and Last Name: _____

Mailing Address: _____

Compliance Path: Prescriptive Trade off Performance

BUILDING ENVELOPE 9.36.2						
Walls	Member Size Spacing O.C.	Interior Insulation	Exterior Sheathing	Exterior Insulation	Cladding	Effective R Value
Above Grade Assemblies						
Below Grade Wall						
Basement Slab above Frost Line						
Heated Slab						
Rim-boards						
Floors/Roof	Insulation Type		Insulation Depth		Effective R Value	
Insulated Floor above Grade						
Cantilever						
Roof						
Air Barrier Type/Manufacturer	<i>Interior - Impermeable</i>			<i>Exterior - Permeable</i>		

Fenestrations		Manufacturer	Energy Rating	U Value	
Windows					
Doors					
OH Doors				R Value	
HVAC REQUIREMENTS 9.36.3					
Heating System	Manufacturer	Model	Capacity BTU	% Efficiency	
Forced Air					
Boiler					
Cooling System					
Electric - Radiant					
HRV					
SERVICE WATER HEATER 9.36.4					
System	Manufacturer	Model	BTU	% Efficiency	
Storage Water					
Tank-less Heater					

FOR OFFICE USE ONLY

Date (m/d/y): _____ Permit no.: _____

APPLICANT/OWNER INFORMATION

Full name of Applicant: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Full name of Owner (if not Applicant): _____

Inspection address: _____

LEGAL LAND DESCRIPTION

All or part of: Quarter: _____ Section: _____ Township: _____ Range: _____ W of 5 Meridian

Lot: _____ Block: _____ Plan: _____ Parcel size: _____

CONSTRUCTION CHECKLIST

Please check off the applicable construction for your detached garage and/or accessory building.

ROOF CONSTRUCTION

- Asphalt shingles Other: _____
- Manufactured truss at 24" on centre Other: _____
- R34 Insulation recommended with 6 mil poly vapor barrier if heated Other: _____
- Ceiling 1/2" drywall Other: _____
- Eave protection if heated Other: _____

WALL CONSTRUCTION

- Exterior finished, vinyl siding Other: _____
- 1/4" O.S.B. Other: _____
- 2"x4" Wall studs at 24" on centre Other: _____
- R12 Insulation recommended with 6 mil poly vapor barrier if heated Other: _____
- 1/2" Drywall interior finish Other: _____
- 16' Wide garage door Other: _____
- Header 4-2"x12" spruce #1 or #2 for 16' wide garage door opening Other: _____

FLOOR/FOUNDATION CONSTRUCTION

- 4" Concrete slab on 4" granular fill Other: _____
- 4" Concrete slab with thickened edges for garage over 55m² (600ft²) Other: _____

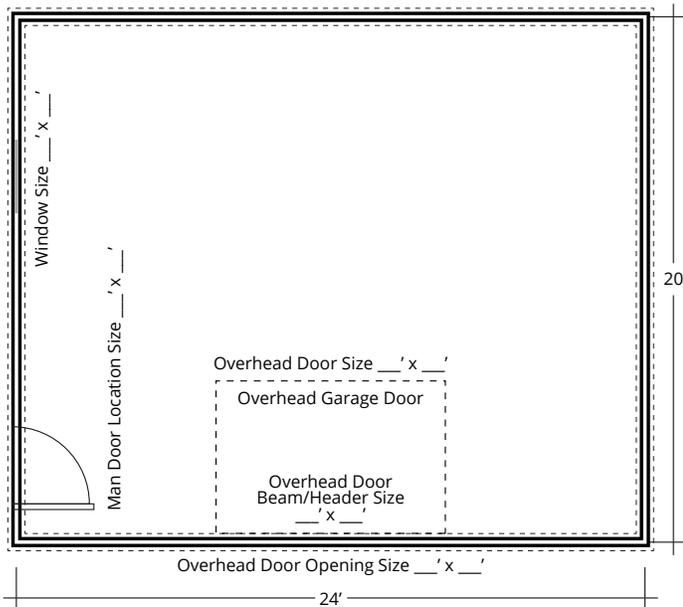
Box 219, Sangudo AB T0E 2A0

T 780.785.3411 TF 1.866.880.5722 F 780.785.2985 E DEVASSISTANT@LSAC.ca www.LSAC.ca

Grade beam on pile, engineering required
Minimum 6" thick concrete foundation wall on 6"x10" concrete strip footing 4' below grade

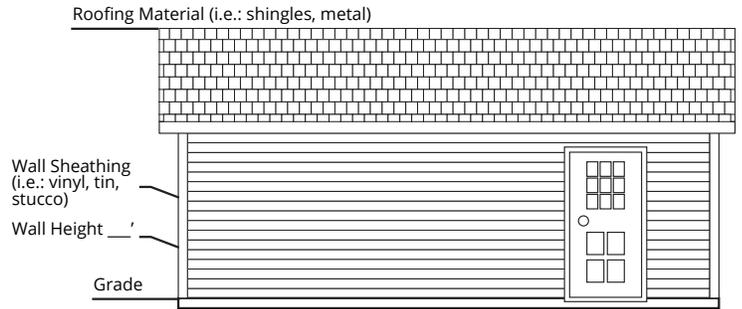
Other: _____
Other: _____

SAMPLE DRAWINGS



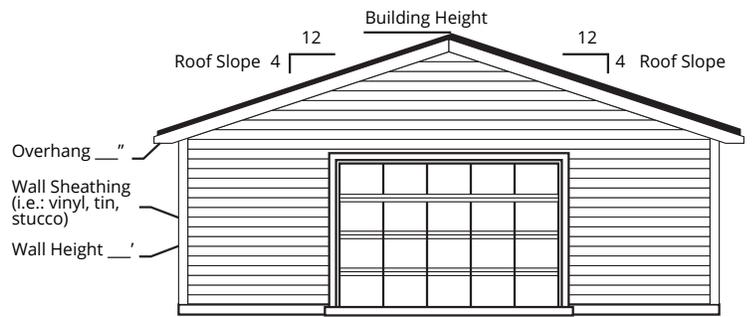
FOUNDATION & FLOOR PLAN

Garage Size (side) ___' x ___'



SIDE ELEVATION

Building Size (side) ___' x ___'



FRONT ELEVATION

Building Size (front) ___' x ___'

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FOR OFFICE USE ONLY

Date (m/d/y): _____ Permit no.: _____

APPLICANT/OWNER INFORMATION

Full name of Applicant: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Full name of Owner (if not Applicant): _____

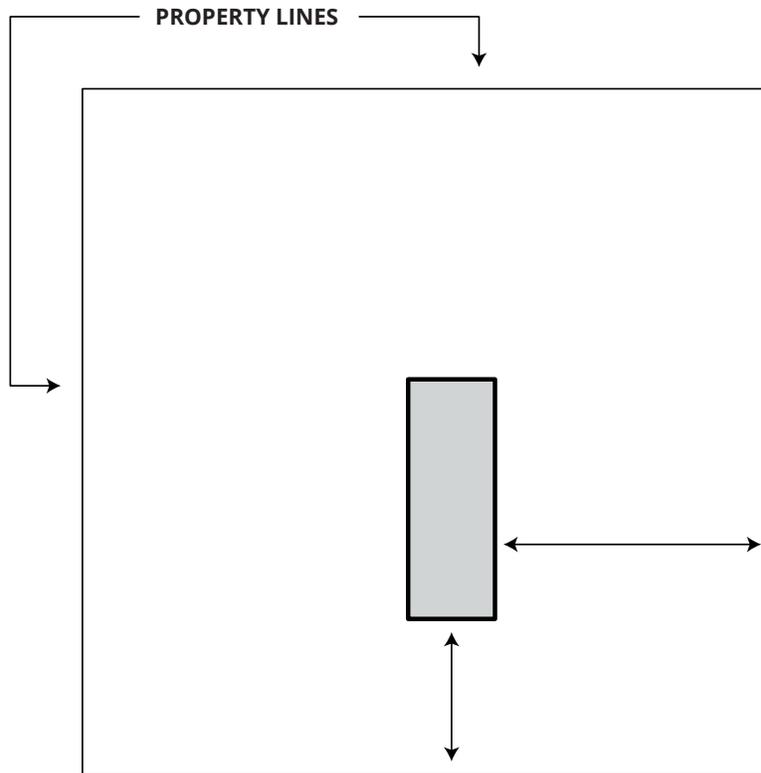
Inspection address: _____

LEGAL LAND DESCRIPTION

All or part of: Quarter: _____ Section: _____ Township: _____ Range: _____ W of 5 Meridian

Lot: _____ Block: _____ Plan: _____ Parcel size: _____

HOME SITE PLAN



CERTIFICATION LABELS

CSA Label no.: _____ AMA Label no.: _____

Model/serial no.: _____ Year manufactured: _____

MANUFACTURED, MODULAR, MOBILE HOME CHECKLIST

Please check off boxes that apply to your manufactured, modular or mobile home setup.

FOUNDATION

- Concrete piling as per CSA Other: _____
- Wood blocking as per CSA Other: _____
- Concrete blocking Other: _____
- Engineered screw piling (must be fabricated by CWB Certified welder) Other: _____
- Building anchorage to be provided where required Other: _____
- Foundation as per Part 4 or 9 of the ABC 1997 Other: _____
- Refer: CSA-Z240.10.1.94 Other: _____

DECKS/STAIR LANDINGS

- Stairs, rise: 125mm to 200mm (5" to 8") Other: _____
- Stairs, run: 210mm to 355mm (8-1/4" to 14") Other: _____
- Stairs, tread: 235mm to 355mm (9-1/4" to 14") Other: _____
- Handrail: 800mm to 965mm height (32" to 38") required for exterior stairs with >3 risers Other: _____
- Guards: 900mm height (36") required for decks/landings Other: _____
- Guards: 600-1800mm height (2' to 6') above the adjacent grade Other: _____
- Guards: 1070mm height (42") for decks/landing >1800mm above grade Other: _____

CRAWL SPACE

- Clearance: 24" between grade and bot. of floor joists Other: _____
- Ventilation minimum 1ft²/50ft² of crawl space area Other: _____
- Access hatch 500mm x 700mm (20"x28") minimum Other: _____
- Ground shall be graded minimum 2% for proper drainage Other: _____
- Ground cover 0.1mm poly Other: _____

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FOR OFFICE USE ONLY

Date (m/d/y): _____ Permit no.: _____

APPLICANT/OWNER INFORMATION

Full name of Applicant: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Full name of Owner (if not Applicant): _____

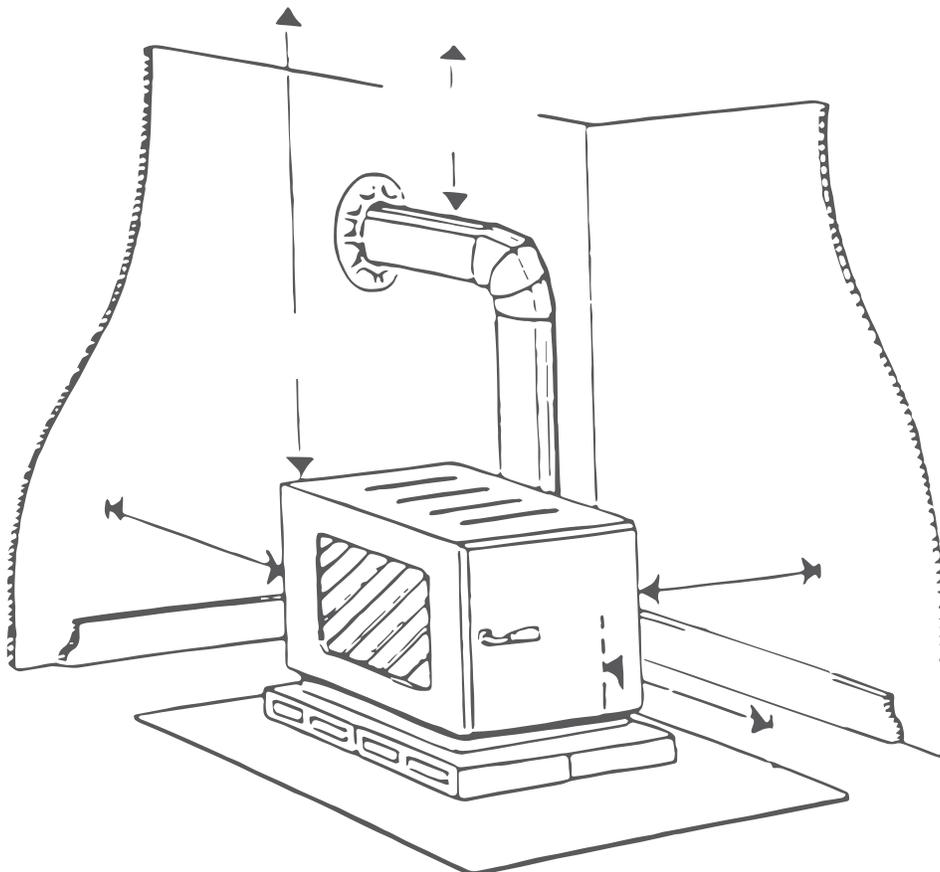
LEGAL LAND DESCRIPTION

All or part of: Quarter: _____ Section: _____ Township: _____ Range: _____ W of 5 Meridian

Lot: _____ Block: _____ Plan: _____ Parcel size: _____

Is solid fuel burning appliance Underwriters Laboratories of Canada, Warnock Hersey or CSA approved? yes no

Please fill in the information as indicated on the diagram below.



Box 219, Sangudo AB T0E 2A0

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FOR OFFICE USE ONLY

Tax roll no.: _____ eSITE permit no.: 193193- _____

ESTIMATED START DATE (m/d/yr): _____ ESTIMATED COMPLETION (m/d/yr): _____

Project value (materials and labour) \$: _____

CONTACT INFORMATION

Full name of Owner: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Contractor: _____ Contact: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Contractor Business License Number (issued by Lac Ste. Anne County): _____

ELECTRICAL PERMIT INFORMATION

Development permit no.: _____ **Permit type:** Owner Contractor

Street/rural address: _____ Subdivision/hamlet: _____

All or part of: Quarter: _____ Section: _____ Township: _____ Range: _____ W of 5 Meridian

Unit: _____ Lot: _____ Block: _____ Plan: _____

TYPE OF BUILDING	TYPE OF WORK	BUILDING AREA	DESCRIPTION
Residential	Renovation	Main floor: _____ sq.ft.	Amperage _____
Multi-family	New work	Second floor: _____ sq.ft.	Voltage _____
Farm	Connection	Developed basement: _____ sq.ft.	Phase _____
Commercial	Alteration	TOTAL developed: _____ sq.ft.	TYPE OF SERVICE
Industrial	Services		Overhead
Oil and Gas	Services plus connection	Garage area: _____ sq.ft.	Underground
Mobile home	Alternative (solar wind)	<i>attached detached</i>	Unknown
Temporary service	Other _____		

DETAILED DESCRIPTION OF WORK

INSPECTION REQUESTS

Please contact Superior Safety Codes 2 to 5 days before an inspection is required:

Superior Safety Codes, 14613-134 Avenue Edmonton Alberta T5L 4S9
Tel: 780.489.4777 or toll-free: 1.866.999.4777 www.superiorsafetycodes.com

PERMIT APPLICANT DECLARATION

The permit applicant certifies that this installation will be completed in accordance with the *Alberta Safety Codes Act and Regulations* and **work will commence within 90 days**. The permit applicant/owner acknowledges that as per Section 12(2) of the *Alberta Safety Codes Act*; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out.

Name of Master: _____ Signature: _____

Certificate no.: _____

HOMEOWNER DECLARATION

By signing this permit, I hereby certify that I own and will occupy this dwelling.

Name of Homeowner: _____ Signature: _____

PAYMENT INFORMATION

Invoice Contractor: yes no Business License Number: _____

Permit fee: \$ _____ *SCC levy: \$ _____ **TOTAL FEE: \$** _____

**SCC levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560.00.*

FOR OFFICE USE ONLY

Tax roll no.: _____ eSITE permit no.: 193193- _____

ESTIMATED START DATE (m/d/yr): _____ ESTIMATED COMPLETION (m/d/yr): _____

Project value (materials and labour) \$: _____

CONTACT INFORMATION

Full name of Owner: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Contractor: _____ Contact: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Contractor Business License Number (issued by Lac Ste. Anne County): _____

GAS PERMIT INFORMATION

Development permit no.: _____ **Permit type:** Owner Contractor

Street/rural address: _____ Subdivision/hamlet: _____

All or part of: Quarter: _____ Section: _____ Township: _____ Range: _____ W of 5 Meridian

Unit: _____ Lot: _____ Block: _____ Plan: _____

TYPE OF BUILDING

TYPE OF WORK

PROJECT INFORMATION

- Residential
- Farm
- Commercial
- Multi-family
- Industrial
- Institutional
- Oil and Gas
- Other _____

- New Addition Temporary
- Accessory building
- Manufactured/mobile home
- Renovation
- Replacement
- Propane: tank set _____
- Natural gas: BTU input _____

- _____ Furnaces
- _____ Water heaters
- _____ Fireplaces
- _____ Dryers
- _____ Unit heaters
- _____ Boilers
- _____ BBQs
- _____ Ranges
- _____ Secondary gas lines
- _____ Other outlets
- _____ Grain dryers
- _____ Connections

_____ **TOTAL OUTLETS**

Box 219, Sangudo AB T0E 2A0

T 780.785.3411 TF 1.866.880.5722 F 780.785.2359 E DEVASSISTANT@LSAC.ca www.LSAC.ca

DETAILED DESCRIPTION OF WORK

INSPECTION REQUESTS

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Tel: 780.489.4777 or toll-free: 1.866.999.4777 www.superiorsafetycodes.com

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Name of Journeyman: _____ Signature: _____

Certificate no.: _____

HOMEOWNER DECLARATION

By signing this permit, I hereby certify that I own and will occupy this dwelling.

Name of Homeowner: _____ Signature: _____

PAYMENT INFORMATION

Invoice Contractor: yes no Business License Number: _____

Permit fee: \$ _____ *SCC levy: \$ _____ **TOTAL FEE: \$** _____

**SCC levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560.00.*

FOR OFFICE USE ONLY

Tax roll no.: _____ eSITE permit no.: 193193- _____

ESTIMATED START DATE (m/d/yr): _____ ESTIMATED COMPLETION (m/d/yr): _____

Project value (materials and labour) \$: _____

CONTACT INFORMATION

Full name of Owner: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Contractor: _____ Contact: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Contractor Business License Number (issued by Lac Ste. Anne County): _____

PLUMBING PERMIT INFORMATION

Development permit no.: _____ **Permit type:** Owner Contractor

Street/rural address: _____ Subdivision/hamlet: _____

All or part of: Quarter: _____ Section: _____ Township: _____ Range: _____ W of 5 Meridian

Unit: _____ Lot: _____ Block: _____ Plan: _____

TYPE OF BUILDING

Residential
Farm
Commercial
Multi-family
Industrial
Institutional
Oil and Gas

TYPE OF WORK

New Addition
Renovation
Accessory building
RTM
Basement development
Connection
Other _____

PROJECT INFORMATION

_____ # Kitchen sinks
_____ # Wash basins
_____ # Showers
_____ # Laundry sink
_____ # Toilets
_____ # Washing machine
_____ # Bathtubs
_____ # Drops (mobile home)

_____ # Floor drains
_____ # Grease traps
_____ # Urinals
_____ # Bar sinks
_____ # Sumps
_____ # Water/sewer
_____ # Other

_____ **TOTAL FIXTURES**

Box 219, Sangudo AB T0E 2A0

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DETAILED DESCRIPTION OF WORK

INSPECTION REQUESTS

Please contact Superior Safety Codes 2 to 5 days before an inspection is required:

Superior Safety Codes, 14613-134 Avenue Edmonton Alberta T5L 4S9
Tel: 780.489.4777 or toll-free: 1.866.999.4777 www.superiorsafetycodes.com

PERMIT APPLICANT DECLARATION

The permit applicant certifies that this installation will be completed in accordance with the *Alberta Safety Codes Act and Regulations* and **work will commence within 90 days**. The permit applicant/owner acknowledges that as per Section 12(2) of the *Alberta Safety Codes Act*; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out.

Name of Journeyman: _____ Signature: _____

Certificate no.: _____

HOMEOWNER DECLARATION

By signing this permit, I hereby certify that I own and will occupy this dwelling.

Name of Homeowner: _____ Signature: _____

PAYMENT INFORMATION

Invoice Contractor: yes no Business License Number: _____

Permit fee: \$ _____ *SCC levy: \$ _____ **TOTAL FEE: \$** _____

**SCC levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560.00.*

Application Date (M/D/Y): _____ Estimated Completion Date (M/D/Y): _____

Permit Type: Owner Contractor

Other Permits Required (under separate application): Building Electrical Gas Plumbing

eSITE Permit Number: 193193- _____ Development Permit Number: _____

CONTACT INFORMATION

Owner's First and Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cellular: _____ Fax: _____ Email: _____

Contractor's First and Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cellular: _____ Fax: _____ Email: _____

PERMIT INFORMATION

Street/Rural Address: _____ Subdivision/Hamlet: _____

Unit #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____

Legal Subdivision, Part of: _____ 1/4 Sect: _____ Twp: _____ Rge: _____ (W of 5 Meridian)

Directions: _____

Project Value (materials and labour): \$ _____

TYPE OF WORK

CONVENTIONAL:

- Commercial
- Industrial
- Residential

PROJECT INFORMATION:

- New
- Alteration
- Work Camp # of Persons _____
- Number of Bedrooms _____
- Depth of Water Table

COMPONENTS USED:

- Septic Tank; Size _____
- Lagoon
- Packed Sewage Treatment Plant
- Holding Tank; Size _____
- Open (surface) discharge
- At Grade
- Disposal Field; Size _____
- Treatment Mound; Size _____
- Sand Filter

TYPE OF WORK

ADVANCED:

- Commercial
- Industrial
- Residential

EXPECTANT VOLUME OF EFFLUENT:

- gallons per day _____
- m3 per day _____
- liters per day _____

Soil Log Report from two (2) test Pits with Soil Analysis Report (attached)

DETAILED DESCRIPTION OF WORK:

INSPECTION REQUESTS:

*Please call a MINIMUM of 2 - 5 days before an Inspection is Required.

Please contact **Superior Safety Codes**, 14613-134 Avenue Edmonton Alberta T5L 4S9

780.489.4777 or toll-free: 1.866.999.4777 www.superiorsafetycodes.com

PERMIT APPLICANT DECLARATION

The Permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out.

This personal information is being collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to process your request for a hearing and to assist in the administration of a development appeal hearing before the Subdivision and Development Appeal Board. This information will form part of a file that is publicly available on request. If you have any questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County, FOIP Coordinator at 1-866-880-5722, 56521, RGE RD 65, Lac Ste. Anne County, Box 219, Sangudo, AB T0E 2A0.

Journeyman's Name: _____ **Signature:** _____ **Certification #:** _____

HOMEOWNER DECLARATION:

By signing this Permit I hereby certify that I own or will own and occupy this dwelling.

Homeowners Name: _____ **Signature (homeowner permits only):** _____

PAYMENT INFORMATION

Approval: Mail Fax Email

Permit Fee: \$ _____ ***SCC Levy: \$** _____ **TOTAL Fee: \$** _____

*SCC Levy is 4% of the Permit fee with a minimum of \$4.50 and a maximum of \$560.

Site Information

The information requested in this document must be submitted with the permit application as required by the Private Sewage Standard of Practice 2015.

Incomplete applications or applications that are missing information will be returned the applicant.

CONTACT INFORMATION

Owner's First and Last Name: _____

Contractor's First and Last Name: _____

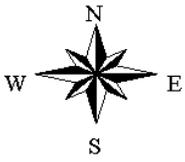
Legal Subdivision, Part of: _____ 1/4 Sect: _____ Twp: _____ Rge: _____ (W of 5 Meridian)

Documentation Required

- B66 Tank Certification
- High Level Alarm
- Effluent Filter
- GPS Coordinates
- Pump Specifications
- NSF 40 for Packed Sewage Treatment Plants
- Soil Analysis
- Soil Log Sheets
- Detailed Site Plan

Comments: _____

THE FOLLOWING **MUST BE** INCLUDED ON YOUR SKETCH:



- Property Size in Acres
- Buildings, roads, driveways and other improvements
- Surface waters, rock outcrops and drainage features
- Soil test pit locations with surface elevations**
- Outline of available treatment areas**
- All boundary lines including lengths in feet or meters
- Wells, cisterns or proposed water source locations
- Topography of the proposed treatment site**
- Location of a permanent benchmark and it's elevation**

** are not required for the installation of a sewage holding tank

Draw your site sketch in the grid below – All setbacks from proposed buildings to property lines **MUST** be included.

Please include a legend.

Drainage Course



Slope Direction



Test Pit 1

Test Pit 2

Minimum Distance Requirements

	Property Line	Water Source	Building	Septic Tank	Basement	Water Course
Holding Tanks	1 m (3.28 ft)	10 m (32.81 ft)	1 m (3.28 ft)			10 m (32.81 ft)
Treatment Mound/Field	3 m (9.84 ft)	15 m (49.21 ft)	10 m (32.81 ft)	3 m (9.84 ft)	10 m (32.81 ft)	15 m (49.21 ft)
Field System	1.5 m (4.92 ft)	15 m (49.21 ft)	10 m (32.81 ft)	5 m (16.40 ft)	10 m (32.81 ft)	15 m (49.21 ft)
Open Discharge	90 m (295.28 ft)	50 m (164.04 ft)	45 m (147.64 ft)			45 m (147.64 ft)
Lagoons	30 m (98.43 ft)	100 m (328.08 ft)	45 m (147.64 ft)			90 m (295.28 ft)
Packaged Sewage Treatment Plants	6 m (19.69 ft)	10 m (32.81 ft)	1 m (3.28 ft)			10 m (32.81 ft)

Owner Name:											
Legal Land Location								Test Pit			
LSD - 1/4	Sec	Twp	Rg.	Mer.	Lot	Block	Plan	Easting		Northing	
Vegetation Notes:											
Overall Site Slope %:						Slope Position of Test Pit:					
Test Hole No.	Soil Sub Group	Parent Material		Drainage		Depth of Lab Sample (sample #1)		Depth of Lab Sample (sample #2)			
Horizon	Depth (cm) (in)	Texture	Lab or HT	Color	Gleying	Mottling	Structure	Grade	Consistence	Moisture	% Coarse Fragment
Depth of Groundwater:						Limiting Soil Layer Characteristic, describe:					
Depth of Seasonally Saturated Soil:						Depth to Limiting Soil Layer:					
Limiting Topography:						Depth to Highly Permeable Layer:					
Key Limiting Features on System Design:											
Weather Condition Notes:											
Comments (such as root depth and abundance or other pertinent observations):											

Owner Name:											
Legal Land Location								Test Pit			
LSD - 1/4	Sec	Twp	Rg.	Mer.	Lot	Block	Plan	Easting		Northing	
Vegetation Notes:											
Overall Site Slope %:						Slope Position of Test Pit:					
Test Hole No.	Soil Sub Group	Parent Material		Drainage		Depth of Lab Sample (sample #1)		Depth of Lab Sample (sample #2)			
Horizon	Depth (cm) (in)	Texture	Lab or HT	Color	Gleying	Mottling	Structure	Grade	Consistence	Moisture	% Coarse Fragment
Depth of Groundwater:						Limiting Soil Layer Characteristic, describe:					
Depth of Seasonally Saturated Soil:						Depth to Limiting Soil Layer:					
Limiting Topography:						Depth to Highly Permeable Layer:					
Key Limiting Features on System Design:											
Weather Condition Notes:											
Comments (such as root depth and abundance or other pertinent observations):											