

Permit # (Office Use Only)

1. Property Information	<input type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Temporary: Number of Days _____		
	Legal Description (Plan, Lot, District Lot, Block Numbers)		
	Street (Civic) Address or General Location		City
2. Owner Information	Name of Property Owner		Phone
	Mailing Address	City	Province Postal Code
3. Applicant Information	Name of Applicant/Agent		Phone
	Mailing Address	City	Province Postal Code
4. Authorized Person Information	Name of Authorized Person		Phone
	Registration #	Email Address	
	Mailing Address	City	Province Postal Code
5. Structure Information	Holding Tank will serve: <input type="checkbox"/> Single Family Dwelling - Number of Bedrooms _____ <input type="checkbox"/> Other (Specify) _____		Estimated Daily Sewage Flow (in litres/day)
6. Drinking Water Protection	Structure will be connected to a Public Water System? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Distance of Holding Tank from (in meters)		
	Water line _____ (m)	Neighbors Well _____ (m)	
	Own Well _____ (m)	Surface source of Drinking Water _____ (m)	
7. Holding Tank Information	Holding Tank Manufacturer	Tank Material	Total Tank Volume (in liters) _____ Rated and Proposed Depth of Bury _____ (in cm) Empty tank is sufficiently weighted or anchored to prevent flotation or movement due to high water table or low weight bearing soil? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Legal or Regulatory Considerations	Will construction of the proposed holding tank conflict with any legal instrument registered on the property? (If Yes please attach document.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this Application submitted as the result of an Order from the Health Authority? (If Yes please attach a copy of the Order) <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Attachments	<input type="checkbox"/> Permit Fee of \$400.00 <input type="checkbox"/> A site or layout of the proposal drawn to scale <input type="checkbox"/> Copy of the contract with the Sewage Hauling Company <input type="checkbox"/> A set of scaled professional construction grade plans and specifications for the holding tank <input type="checkbox"/> A proposed maintenance plan for the holding tank		
10. Applicant's Signature	Name (Please Print)		For Office Use Only
	Date (dd/mm/yyyy)		
	Signature		
	Authorized Person's Seal		
	Health Authority Stamp		Receipt #
			Date (dd/mm/yyyy)
			Initials

Permit to Construct a Holding Tank <i>Permit is not renewable or transferable and expires two (2) years from the date of issuance.</i>		
<input type="checkbox"/> Conditions of Permit Attached <input type="checkbox"/> Letter of Certification Required Before Use <input type="checkbox"/> Final Inspection Required Before Use	Signature of Environmental Health Officer	Permit Issue Date (dd/mm/yyyy)