

APPLICATION FOR A PERMIT TO CONSTRUCT A SEWAGE HOLDING TANK

This form is required to administer the *Sewerage System Regulation (326/2004)* and the collection of personal information complies with the *Freedom of Information and Protection of Privacy Act*. In the *Capital Regional District*, information collected may be used for the purpose of administration and enforcement of the *Onsite Sewage System Maintenance Bylaw*.
Form Created: January 2018



PID#(CRD only) FOLIO#(NORTH AND CENTRAL)				<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR		PERMIT NUMBER	
LEGAL DESCRIPTION OF PROPERTY SEWAGE HOLDING TANK WILL BE CONSTRUCTED ON						GPS LOCATION OF TANK Use Datum NAD83 USE DECIMAL DEGREES LAT. _____ LONG. _____	
NAME OF LEGAL OWNER OR STRATA CORPORATION					TELEPHONE NUMBER		
SUITE/APT NUMBER	BUILDING NUMBER	STREET NAME		CITY		POSTAL CODE	
NAME OF APPLICANT OR AUTHORIZED PERSON					TELEPHONE NUMBER		REGISTRATION NUMBER (if applicable)
SUITE/APT NUMBER	BUILDING NUMBER	STREET NAME		CITY		POSTAL CODE	
HOLDING TANK WILL SERVE:			NO. OF BEDROOMS	TOTAL LIVING AREA (INCL. FINISHED BASEMENT) ((in m2)	EST. DAILY SEWAGE FLOW (in litres/day)		
<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER (specify): _____							
WILL THE PROPERTY BE CONNECTED TO A COMMUNITY WATER SYSTEM?			LOT SIZE (in hectares)	DISTANCE OF PROPOSED HOLDING TANK FROM (in metres):			
<input type="checkbox"/> YES <input type="checkbox"/> NO SYSTEM NAME: _____				OWN WELL _____ NEIGHBOURING WELLS _____			
				STREAM OR LAKE _____ DOMESTIC WATER SOURCES _____			
HOLDING TANK MANUFACTURER		TANK MATERIAL		VOLUME OF TANK		HIGH LEVEL ALARMS?	
						<input type="checkbox"/> 75% <input type="checkbox"/> 90%	
ALARM MODEL & MFR.		POWER SOURCE	SEPTAGE HAULING COMPANY	APPROVED DISPOSAL SITE LOCATION		EST. MONTHLY PUMP-OUT FEES	
INDICATE HOW THE ESTIMATED DAILY SEWAGE FLOW WAS CALCULATED.DID YOU FOLLOW THE STANDARD PRACTICE MANUAL?							
<input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain and attach calculations.							
Attachments: <input type="checkbox"/> a site or layout plan of the proposal drawn to scale <input type="checkbox"/> a copy of the maintenance plan for the Holding Tank							
The information on this form is accurate and true to the best of my knowledge							
SIGNATURE			PRINT NAME			DATE (DD/MMM/YYYY)	
Complete all applicable fields on this form. Installation of the holding tank may not start until this permit has been issued by the Health Authority. The owner must comply with any attached conditions. A Permit Fee of \$400 is required. This application must have a final inspection within two years or this application expires.							
APPLICATION RECEIVED DATE (DD/MMM/YYYY)				HEALTH AUTHORITY STAMP			
RECEIPT # AND RECEIPT ISSUED DATE							
DATE OF SEWAGE HOLDING TANK CONSTRUCTION PERMIT ISSUANCE							
PERMIT ISSUED BY							
CONDITIONS OF PERMIT							
DATE OF FINAL INSPECTION				SEWAGE HOLDING TANK APPROVED FOR USE BY (EHO NAME AND SIGNATURE)			