

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 Sewerage 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: <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER (specify): _____		NO. OF BEDROOMS	TOTAL LIVING AREA (INCL. FINISHED BASEMENT) ((in m2)	EST. DAILY SEWAGE FLOW (in litres/day)	
WILL THE PROPERTY BE CONNECTED TO A COMMUNITY WATER SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO SYSTEM NAME: _____		LOT SIZE (in hectares)	DISTANCE OF PROPOSED HOLDING TANK FROM (in metres): 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 <i>If no, explain and attach calculations.</i>					
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)		