



File Number:	
Date Received:	
Tax Roll No.:	

502 Center Street | Box 100, Bow Island T0K 0G0 Phone: 403-545-2522 | Fax: 403-545-6642 | www.bowisland.com

Development Permit No.:		Estimat	ed Project Compl	letion Date (mmm/	/dd/yyyy) :		
Permit Applicant: Owner	☐ Contractor	Value o	Value of Installation (labour and material): \$				
☐ Work has not started ☐ Wo	ork is in progress Work is com	plete					
Owner / Applicant:			Mailing	Address:			
City:		Province	e:Postal (Code:	Phone:		
Cell:	Email:				F	ax:	
Contractor:			Mailing	Address:			
City:		Province	e:Postal (Code:	Phone:		
Contractor Name:	Cell: _		Email: _			Fax:	
Project Location: Municipality	:Town of Bow Isla	and Sub	odivision Name:				
Street/Rural Address:						Postal Code	:
Lot:Block:	Plan:	Legal Su	ıbdivision:	Section:_	Township:	Range:	West of:_
Directions:							
Submit with Application:	Soil Log Report (2 test pits)	☐ Soil Analysis	☐ System dia	gram \square CS.	A-B66 Certificate	☐ Site Plan/D	iagram
<mark>Please Provide a Detaile</mark>	d Description of Work:						
Please Provide a Detaile	•						
	*** NOTE THAT W		INSPECTED BE				
TYPE OF WORK	•			TREATME	G *** ENT DISPOSAL MI	ETHODS	
TYPE OF WORK Commercial/Conventional	*** NOTE THAT W INSTALLAT		Complete all app	TREATME blicable items:	NT DISPOSAL MI		
TYPE OF WORK Commercial/Conventional Industrial/Conventional	*** NOTE THAT W	TION	Complete all app Septic Tank Holding Tank	TREATME Dlicable items: Size: K Size:	NT DISPOSAL MI Serial No	D.:	
TYPE OF WORK Commercial/Conventional Industrial/Conventional Residential/Conventional Commercial/Advanced	*** NOTE THAT W INSTALLAT New Alteration Expected Volume of Efflu	TION	Complete all app Septic Tank Holding Tanl Treatment M	TREATME blicable items: Size: k Size: lound Size:	ENT DISPOSAL MI Serial No Serial No (sand lat	o.: o.: yer)	□ m²
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