



Permit Application

Request started on: _____ Request Completed on: _____ Req. No

Entered by: _____

Permit Type: **Septic installation**

Identification

Owner

Name: _____
Address: _____
City: _____
Postal Code: _____
Phone: _____

Applicant

Name: _____
Address: _____
City: _____
Postal Code: _____
Phone: _____

Location

Address: _____
Lot No.: _____
Zone(s): _____
Frontage: _____
Depth: _____
Area: _____
Service: _____

Work

Contractor

Name: _____
Address: _____
City: _____
Postal code: _____
Phone: _____
Fax: _____
RBQ No.: _____

Responsible Person

Name: _____
Phone: _____
Work starting date: _____
Work completion target date: _____
Completion date: _____
Work value: _____

Septic installation

Construction: _____
Occupation: _____
Tank type: _____
Capacity: _____

Applied methodology

Number of bedrooms: _____
Building area: _____

Land

Soil test: _____
Pumping station: _____

Type of soil: _____ Study of the permeability of the ground: _____
Rock depth: _____ Permeability : _____
Groundwater depth: _____ Used method: _____
Slope of the land: _____

In charge of the soil characteristics

Name: _____
Address: _____
City: _____ Phone No.: _____

Weeping field

Weeping field type: _____ Length: _____
Weeping field area: _____ Others: _____
Number of trenches: _____

Main Designer of the plans

Name: _____
Address: _____
City: _____
Phone No.: _____

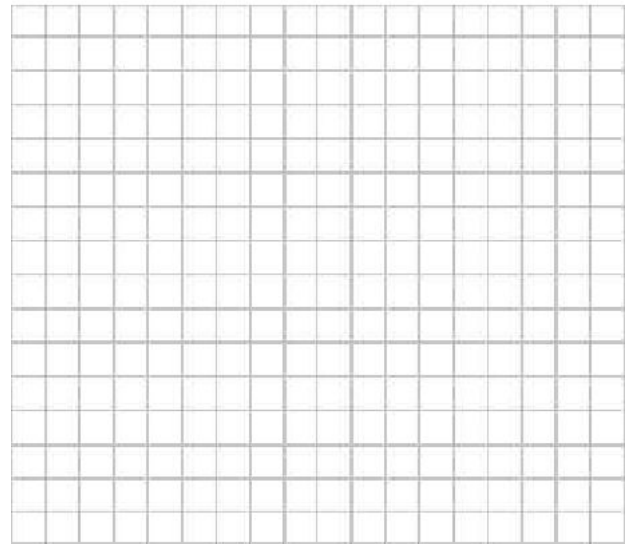
Location:

Tight system

Residence Distance: _____
Right boundary of property: _____
Left boundary of property: _____
Front boundary of property: _____
Back boundary of property: _____
Lake, river, marsh, pond: _____
Well: _____
Outlet Pipe: _____

System not tight

Residence Distance: _____
Right boundary of property: _____
Left boundary of property: _____
Front boundary of property: _____
Back limit of property: _____
Lake, river, marsh, pond: _____
Cased well: _____
Sealed cased well: _____
Well other sources: _____
Outlet Pipe: _____
Trees, shrub: _____
Slope: _____



Required Documents	Receipt	Receipt Date
Form duly filled in	<input type="checkbox"/>	
Soil test	<input type="checkbox"/>	

Work Description

Large empty rectangular area for describing the work performed.

Applicant's Signature

Applicant's Signature: _____ Date: _____