



# ACCESSORY DWELLING UNIT (ADU)

## INFORMATION SHEET

## FOR OFFICE USE ONLY

APPLICATION NO.

ROLL NO.

DISTRICT

## DETAILS/DESCRIPTION

Gross floor area of ADU (m2 / ft.2)

Height of building (if applicable) (m / ft.)

Age of building (if existing)

Contains sleeping, cooking, and  
sanitary facilities?☐ YES, shown on plan ☐ NO

Number of bedrooms

Number of parking spaces allotted

## BUILDING TYPE/LOCATION

☐ Existing **OR** ☐ New Building

Located within:

☐ Principal Dwelling☐ Accessory Building☐ Manufactured Home☐ Tiny Home☐ Other (specify):

Location of parking area: \_\_\_\_\_

Is the ADU constructed on a permanent foundation? ☐ YES ☐ NODescribe outdoor and/or amenity space allocated to ADU:  
\_\_\_\_\_  
\_\_\_\_\_Describe how the ADU complements the primary dwelling in architectural character (i.e. roof pitch, exterior finishing, windows, etc.):  
\_\_\_\_\_  
\_\_\_\_\_Describe how the ADU minimizes impact on neighboring properties (i.e. location of ADU on parcel, design of building, screening/landscaping elements etc.):  
\_\_\_\_\_  
\_\_\_\_\_**NOTE: Submission to include photographs of the existing principal dwelling/building (all sides). Refer to**

## WATER SOURCE

☐ Connection to Communal Water System (Provide Letter of Confirmation from system operator)☐ Share Existing Groundwater Well☐ New Well**NOTE:** The location of new or existing wells is to be shown on a site plan; Groundwater Interference Report required when there are 6 or more parcels on a quarter-section

## SEWAGE TREATMENT AND DISPOSAL

☐ Connection to Communal Sewage Collection System (Provide Letter of Confirmation from system operator)☐ Connection to Existing Private Sewage Treatment System (show location on Site Plan)☐ Expansion of Existing Private Sewage Treatment System (show location on Site Plan)☐ Construction of New Private Sewage Treatment System (show location on Site Plan)

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



### Private Sewage Treatment Systems for Additions & Renovations - Verification Form

Please complete this form to provide verification that the proposed changes to the existing building can be sufficiently served by the existing private sewage system. If a certified private sewage installer determines that the existing system is not sufficient, alterations to the existing system will be necessary, and a permit will be required

Date (Month/Day/Year): \_\_\_\_\_

Related Building Permit Number (if applicable): \_\_\_\_\_

Property Owner Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Project Location:

Municipal Address: \_\_\_\_\_  
Legal Address: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
Subdivision Name (if applicable) \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
Directions / Comments: \_\_\_\_\_

The subject property is serviced by a private sewage treatment system.

It is a **REQUIREMENT** of Rocky View County that:

**1) The applicant provides this documentation completed by a certified installer to verify that the existing septic system is sufficient to accommodate the addition of bedrooms and/or increase of load rates.**

**OR**

**2) If a certified installer deems the existing system *insufficient* to accommodate the addition of bedrooms and/or increase of load rates, alterations to the existing system will be necessary, and a permit will be required.**

**CERTIFIED INSTALLER:** Please confirm your findings and complete this form to be brought in by the home owner and/or applicant along with the building permit application. The building permit will not be released until this form is completed and verified by the authority having jurisdiction. Certified Installer information:

Contractor (Company): \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Certified Installers ticket #: \_\_\_\_\_ Installer's Name: \_\_\_\_\_

I, \_\_\_\_\_ have inspected the existing private sewage treatment system at the above noted location and have determined that for the **EXISTING** \_\_\_\_\_ bedrooms, and for the **ADDITION** of \_\_\_\_\_ bedrooms in the proposed newly developed area: (please check the applicable box below)

- ☐ the existing system is sufficient to accommodate the above additional bedrooms and/or load rate  
☐ the existing system is **NOT** sufficient at this time, to properly accommodate the above additional bedrooms and/or load rate and will require a Private Sewage Treatment System Permit. (Please apply for a Private Sewage Permit)

Description of Private Sewage Treatment System that was inspected: \_\_\_\_\_  
ie. Holding tank & field, etc.

Installer's Signature: \_\_\_\_\_

*The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the municipality.*

#### FOR OFFICE USE ONLY:

☐ Certified Installer verified with AMA (Alberta Municipal Affairs) Checked by SCT \_\_\_\_\_  
<https://www.alberta.ca/private-sewage-design-tools-and-contractors.aspx>