City of St. Francis

23340 Cree Street
St. Francis, MN 55070
Phone: 763-753-2630
Email: bldginsp@stfrancismn.org

Septic Permit Application
Permit No: ________________

Minimum of 2 Days’ Notice Required for Inspections

Site Address: ____________________________________________________________

Property Identification Number: ____________________________ Year Built: __________

Owner Name: ____________________________________ Contractor: __________________
Address: ______________________________________ Street: __________________
City/State: ______________________________________ City/State: __________________

MPCA Certification No.: _____________________________
Contractor email: __________________________________

Contact: ____________________________________ Phone: __________________ Fax: __________

Construction Type (Circle one): New Alteration Repair
Type Of septic System (Circle one): Type I Type II Type III Type IV Type V

Number of Bedrooms: __________

Drainfield (Circle one): Standard Trenches Mound Pressure Bed Other: ________________

Following Items should be included:

_____ Provide two (2) Designs by approved designer

_____ Provide two (2) surveys or an accurate dimension site plan

_____ As-Built completed prior to Final Inspection

The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of St. Francis.

Review is completed by Metro West Inspection Services
Call: 763-479-1720 for inspection
Notice: This is an application only. Permit will be issued after City approval and payment of fees. Work is not authorized to begin prior to issuance.

<table>
<thead>
<tr>
<th>Building Inspector Approval:</th>
<th>Fees:</th>
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<tbody>
<tr>
<td>Signature___________________</td>
<td>Permit ___________</td>
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<tr>
<td>Date Of Approval ____________</td>
<td>Surcharge _________</td>
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Total ______________