

SEPTIC PERMIT APPLICATION

Permit No.:	
r Cillic No	

23340 Cree Street St. Francis, MN 55070

Phone: 763-235-2317 or 763-753-2630 Email: bldginsp@stfrancismn.org

Minimum of 2 days' Notice Required for Inspections

Site Address:						
Property Identification Number:		Year Built:				
Owner Name:						
Address:		Address:				
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 1	Type III	Type IV	Type V		
Drainfield (Circle one): Standard Trenches	Mound Press	sure Bed	Other:			
Number of Bedrooms:						
The undersigned acknowledges that he/she has also understands by signing this application that he compliance with all a	he/she could be he	eld respon	sible as repr	esentativ	e of this project for any violo	
also understands by signing this application that h compliance with all a	he/she could be he	eld respon d ordinand ro West Ir	sible as repr ces of the Ci	esentativ ty of St. F	e of this project for any violo	
also understands by signing this application that h compliance with all a	he/she could be he applicable laws an ompleted by Met	eld respon d ordinand ro West Ir 479-1720	sible as repr ces of the Ci nspection Se	esentativ ty of St. F	e of this project for any violo	
also understands by signing this application that he compliance with all a Review is co	he/she could be he applicable laws an ompleted by Met Call: 763-4 Print Name o	eld respon d ordinand ro West Ir 479-1720 of Applicar	sible as repr ces of the Ci nspection Se	esentativ ty of St. F ervices	e of this project for any violo rancis. Date	
also understands by signing this application that he compliance with all a Review is compliance. Signature of Applicant or Authorized Agent Notice: This is an application or	he/she could be he applicable laws an ompleted by Met Call: 763-4 Print Name o	eld respon d ordinand ro West Ir 479-1720 of Applicar	isible as repr ces of the Ci inspection Se int ter City appr	esentativ ty of St. F ervices	e of this project for any violo rancis. Date	
also understands by signing this application that he compliance with all a Review is compliance. Signature of Applicant or Authorized Agent Notice: This is an application or	he/she could be he applicable laws an ompleted by Met Call: 763-4 Print Name of nly. Permit will be not authorized to	eld respon of ordinand ro West In 479-1720 of Applicar e issued aff o begin pri	nsible as repr ces of the Ci nspection Se nt ter City appr ior to issuan	esentativ ty of St. F. ervices roval and ce.	e of this project for any violograncis. Date payment of fees.	tion of
also understands by signing this application that he compliance with all a Review is compliance of Applicant or Authorized Agent Notice: This is an application or Work is	phe/she could be he applicable laws an ompleted by Met Call: 763-4 Print Name of the not authorized to the service of the country. Permit will be not authorized to the service of the country.	eld respon of ordinand ro West In 479-1720 of Applicar e issued aff o begin pri	nsible as repr ces of the Ci nspection Se nt ter City appr ior to issuan	esentativ ty of St. F ervices oval and ce.	e of this project for any violograncis. Date payment of fees.	tion of
also understands by signing this application that he compliance with all a Review is compliance of Applicant or Authorized Agent Notice: This is an application or Work is ***********************************	he/she could be he applicable laws an ompleted by Met Call: 763-4 Print Name of the not authorized to the series of the series	eld respon id ordinand ro West Ir 479-1720 of Applicar e issued aff o begin pri	nsible as reprices of the Cinspection Section	esentativ ty of St. F ervices oval and ce.	Date payment of fees.	tion of
also understands by signing this application that he compliance with all a Review is compliance of Applicant or Authorized Agent Notice: This is an application or Work is ***********************************	Print Name on authorized to serve se	eld respond ordinand	nsible as reprices of the Cinspection Section	esentativ ty of St. F ervices coval and ce.	Date payment of fees. **********************************	tion of
also understands by signing this application that he compliance with all a Review is compliance of Applicant or Authorized Agent Notice: This is an application or Work is ***********************************	Print Name on authorized to serve se	eld respond ordinand	nsible as reproces of the Cinspection Section	esentativ ty of St. F ervices roval and ce.	Date payment of fees. **********************************	tion of