



SEPTIC PERMIT APPLICATION

Permit 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: _____ Contractor: _____

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 Type III Type IV Type V

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

Number of Bedrooms: _____

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

Signature of Applicant or Authorized Agent Print Name of Applicant Date

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.

***** FOR OFFICE USE ONLY *****

Table with 2 columns: Building Inspector Approval (Signature, Date of Approval) and Fees (Permit, Soil Verification \$120.00, Misc., Total)