2241 221st Ave. NE • East Bethel, MN 55011
Phone: (763) 367-7844 • Fax: (763) 434-9578

Septic System Permit Application

(To Be Filled Out by Septic Installer)

Job Address: _____

Owner: _____ Phone: _____

General Contractor: _____ Phone: _____

Septic Installer: _____ MPCA Cert.#: _____

Phone Number: _____ Email: _____

Construction Type (circle one): **New Building** **Alteration** **Repair** **Replace**

Type of Septic System (circle one): **Type I** **Type II** **Type III** **Type IV** **Type V**

Type of Drainfield (circle one): **Trenches** **Mound** **Pressure Bed** **Other: _____**

Number of Bedrooms: _____

Are the tanks going to be reused from a previous septic system (circle one): **Yes** **No**

Shoreland Overlay District (circle one): **Yes** **No**

Further description of septic: _____

This permit is granted upon the express condition that the person, partnership, firm or corporation to whom it is granted, together with the agents, employees, workers and sub-contractors agree to abide by and conform to all ordinances of the City regarding the construction, alteration and repair of sewage treatment systems within the City; and that this permit may be revoked at any time upon evidence of violations of any of the provisions of said ordinances. This permit becomes null and void if work or construction authorized is not commenced within 180 days.

CASH OR CHECK ONLY

NEW CONSTRUCTION/REPLACEMENT SYSTEM TOTAL: $ 301

ALTERNATIVE SYSTEM TOTAL: $200 PLUS PLAN REVIEW FEES, MINIMUM OF $301

REPAIR TOTAL (APPROVAL FROM BUILDING OFFICIAL NEEDED): $ 101

SEPTIC HOLDING TANK ONLY TOTAL (NEED APPROVAL FROM PLANNING COMMISSION): $101

Septic Installer: _____ Date _____

Inspector Approval: _____ Date _____

Comm. Dev. Director Approval: _____ Date _____