



Septic Permit Application

Permit No.: _____

23340 Cree Street
St. Francis, MN 55070
Phone: 763-235-2317 or 763-753-2630
Email: aschreder@stfrancismn.org

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.

Inspections – Please provide a minimum of 24 hour notice for inspections.

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 *****

<p>Building Official Approval:</p> <p>Signature _____</p> <p>Date Of Approval _____</p>	<p>Fees:</p> <p>Permit _____</p> <p>Surcharge _____ Misc. _____</p> <p style="text-align: center;">Total _____</p>
------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------