



Septic Permit Application

Permit No.: \_\_\_\_\_

23340 Cree Street
St. Francis, MN 55070
Phone: 763-235-2317 or 763-753-2630
Email: pdahlheimer@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 \*\*\*\*\*

Table with 2 columns: Building Official Approval (Signature, Date) and Fees (Permit, Surcharge, Misc., Total)