



PERMIT # _____

SEPTIC PERMIT APPLICATION

Submit Applications to: Permits@rumrivercc.com Scheduling: 763-331-7722

**THIS APPLICATION BECOMES A NUMBERED PERMIT AFTER THE REVIEW IS COMPLETE AND PAYMENT OF FEES.
WORK IS NOT TO BEGIN PRIOR TO ISSUANCE. ~ ALL INFORMATION IS REQUIRED AND MUST BE COMPLETED.**

SITE ADDRESS _____ PROPERTY ID # _____

PROPERTY OWNER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

APPLICANT IS THE: **CONTRACTOR** **OWNER** ~ **PROPERTY TYPE:** **COMMERCIAL** **RESIDENTIAL**

CONTRACTOR NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

APPLICANT CONTACT NAME: _____ PHONE #: _____

MPCA CERTIFICATION #: _____ VERIFIED BY OFFICE STAFF: _____

CONSTRUCTION TYPE: ___ NEW ___ ALTERATION/REPLACEMENT

TYPE OF SEPTIC SYSTEM: ___ TYPE I ___ TYPE II ___ TYPE III ___ TYPE IV ___ TYPE V

DRAIN FIELD: ___ **STANDARD TRENCHES** ___ **PRESSURE BED** ___ **MOUND** ___ **AT-GRADE** **OTHER:** _____

NUMBER OF BEDROOMS: _____ GPD: _____

The undersigned acknowledges the above information is correct and accepts responsibility for compliance with all applicable laws and ordinances of the ruling jurisdiction.

SIGNATURE OF APPLICANT

PRINT NAME OF SIGNATURE

OFFICE USE ONLY

DATE ALL REQUIRED INFORMATION WAS RECEIVED: _____

APPROVAL:

BUILDING OFFICIAL _____ DATE _____

PAYMENT INFO:

PAYMENT RECEIVED BY: _____

PERMIT FEE \$ _____

CASH ___ CK# _____ LAST 4 CC# _____

RECEIPT #: _____ DATE _____