



Septic Permit Application

Permit # _____

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: Contractor **OR** Owner ~ Is this rental property? Yes No ~ Commercial Residential

Contractor Name _____

Address _____ City _____ State ____ Zip _____

Phone # _____ Email _____

Applicant 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 _____