



Permit #	:

## **Septic Permit Application**

Submit Applications to: <u>Permits@rumrivercc.com</u> 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	e Address			Property ID #		
Property Owner Nan	ne					
Phone #	Email					
Applicant: Contr	actor <b>OR</b> Owner <b>~</b> Is this rent	al property? Ye	es No ~	Commercial	Residentia	
Contractor Name						
Address		City		State	Zip	
Phone #	Email					
Applicant Name		P	hone #:			
MPCA Certification #		v	Verified by Office Staff			
	Construction Type	: New A	lteration/Replac	ement		
	Type of Septic System: Type	e I Type II	Type III	Type IV Typ	oe V	
Drain Field:	Standard Trenches Pressure	Bed Mound	At-Grade	Other:		
	Number of Bedrooms	: GPD	:			
The undersigned acknowled	ges the above information is correct and accepts	responsibility for compliance	e with all applicable la	ws and ordinances of th	e ruling jurisdiction.	
Signature of Applicant			Print Name of Signature			
	*Offic	ce Use Only*				
Ammununli	Date <u>all</u> required informa	tion was received:		_		
Approval: Building Official		Date	<u> </u>			
				_		
Payment Info: Payment Received	d by:		— Pern	nit Fee \$		
		#	_			
Receipt #:	Date					