

CITY OF NOWTHEN

8188 199th Ave NW
Nowthen, MN 55330

Phone: 763-441-1347

Permits@NowthenMN.net

**PLEASE CALL MNSPECT (952) 442-7520
for inspections**

SSTS PERMIT

Routed to MNSPECT

SITE ADDRESS: _____ LEGAL: _____

PROPERTY OWNER: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____ Phone: _____

COPY OF SITE EVALUATION AND SYSTEM DESIGN MUST BE ATTACHED

DESIGNER: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ State License #: _____

INSTALLER: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ State License #: _____

Applicant Contact Name: _____ Phone: _____ Email: _____

SYSTEM INFORMATION:

CONSTRUCTION TYPE: NEW ALTERATION/REPLACEMENT TANK/PUMP ONLY (circle one) REPAIR

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

DRAIN FIELD: Standard Trenches Mound Pressure Bed Other: _____

of Bedrooms: _____ GPD: _____ # of Tanks Installed: _____ # of Existing Tanks: _____

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all fees even if I choose not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty. ALL WORK SHALL BE DONE IN ACCORDANCE WITH APPLICABLE PORTIONS OF MN RULES CHAPTER 7080 THROUGH 7083

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINTED NAME: _____ This is the signature of: Owner or Owner's Representative

OFFICE USE ONLY:

DATE ALL REQUIRED INFORMATION WAS RECEIVED: _____

Approval:

Building Official: _____ DATE: _____ PERMIT FEE: _____

City: _____ DATE: _____

Paid: _____ Date: _____ Receipt No. _____ By: _____

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED