

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#** _____

RECEIPT #: _____ **DATE** _____