



SEPTIC PERMIT APPLICATION

Permit No.: _____

3750 Bridge Street NW
St. Francis, MN 55070
Phone: 763-753-2630
Email: bldginsp@stfrancismn.gov

Minimum of 2 days' Notice Required for Inspections

Site Address: _____

Property Identification Number: _____ Year Built: _____

Owner Name: _____ Contractor: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

MPCA Certification No.: _____

Contractor email: _____

Contact: _____ Phone: _____ Fax: _____

Construction Type (Circle one): **New** **Alteration** **Repair**

Type Of septic System (Circle one): **Type I** **Type II** **Type III** **Type IV** **Type V**

Drainfield (Circle one): **Standard Trenches** **Mound** **Pressure Bed** Other: _____

Number of Bedrooms: _____

The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of St. Francis.

Review is completed by Metro West Inspection Services

Call: 763-479-1720

Signature of Applicant or Authorized Agent

Print Name of Applicant

Date

Notice: This is an application only. Permit will be issued after City approval and payment of fees.

Work is not authorized to begin prior to issuance.

***** FOR OFFICE USE ONLY *****

Building Inspector Approval:	Fees:
Signature _____	Permit _____ Soil Verification <u>\$120.00</u>
Date of Approval _____	Misc. _____
	Total _____