



SEPTIC

Permit Application

Office Use Only

Notes - Scan

Permit Total:
\$ _____

City of Elk River

Fire and Building Safety Division

13065 Orono Parkway NW • Elk River, MN 55330
763.635.1060 • E-mail: ERFD.FABS@ElkRiverMN.gov

Date: _____

Permit #: _____

Site Address: _____ **PID #** _____

Property Type: Single Family Multi-family Twin home Commercial Industrial Institutional

Construction Type: New Addition Remodel Repair Alteration Other _____

The Applicant Is: Owner Contractor Other _____

Property Owner:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Installation Contractor:

Business Name _____ License #: _____

Address _____ City _____ State _____ Zip _____

Office Phone _____ Cell _____

Email _____

System Designer:

Name _____ License #: _____

Address _____ City _____ State _____ Zip _____

Office Phone _____ Cell _____

Email _____

• PLEASE COMPLETE OTHER SIDE OF APPLICATION •

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Approved by: _____ Date: _____ Hard Card or Soft Card - Soft card reference permit # _____

Called or L/M Date: _____ Int. _____

Last Modified 04/2018

Detailed description of work:

Description of Septic System Location:

Estimated Completion Date _____

Number & Size of Tank(s) to be Installed: _____

Type of System to be Installed: Mound Pressure Bed Trenches Other _____

Garbage Disposal: Yes No

Separation Distance from Water Well _____ (Required Distance: 50 feet minimum)

Total Job Valuation \$ _____

Payment Options:

- Call me for credit card payment (If different than above, please note: Phone: _____)
- Send Check (Please make checks payable to the City of Elk River)
- Pay in person via Credit Card, Check, or Cash

Receipt of Permit Options:

- Email permit (If different than above, please note: Email : _____)
- Pick up in person (All permits with plans needs to be picked up)

----- **This is an application for a permit – It is not valid until processed** -----

I hereby apply for a Septic Permit, and I acknowledge that the information above is complete and accurate. I understand this is not a permit and work is not to start without a permit.

I understand and hereby agree that the work for which the permit issued shall be performed according to; (1) the conditions of the permit; (2) the approved plans and specifications; (3) the applicable city approvals, ordinances, and codes; and, (4) the state building/mechanical codes and regulations.

I understand that the permit will expire, and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days any time after work has commenced; and, that I am responsible for ensuring that all required inspections are requested in conformance with the state building code.

Permit will not be final until AS-BUILT is completed and received.

Signature of Contractor/Responsible Party **Print Name** **Date**

Signature of Property Owner **Print Name** **Date**

