



DEPARTMENT OF PLANNING, ZONING, AND SOLID WASTE
 635 Northridge Dr NW, Suite 250 • Pine City, MN • 55063
 (320) 216-4220 • Toll Free 800-450-7463 x4220 • Fax (320) 591-1640

APPLICATION FOR SEWAGE TREATMENT SYSTEM PERMIT

Property Owner: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Daytime Phone : _____

Project Address: _____

Legal Description of Project Property:

Lot: _____ Block: _____ Subdivision: _____ Gov't. Lot: _____

Section: _____ Township: _____ Range: _____ Parcel # (from Tax Statement): _____

THE FOLLOWING INFORMATION IS REQUIRED.

Designer: _____ Phone No: _____ License No. _____

Address: _____ City _____ State _____ Zip _____

Installer: _____ Phone No: _____ License No. _____

Address: _____ City _____ State _____ Zip _____

Type of Improvement	Water Use Devices in the Structure	
	Existing	Proposed
New System _____	Automatic Washer _____	_____
Replace or Alter Existing System _____	Dishwasher _____	_____
Residential Use	Water Softener _____	_____
	Garbage Disposal _____	_____
	Whirlpool (Jacuzzi) Tub _____	_____
	Grinder Pump _____	_____
Seasonal Dwelling _____		
Year-around Dwelling _____		
Commercial Use _____	Depth of existing well _____ feet	

Proposed Sewage Treatment System		Number of Bedrooms	
Trench System _____	Type I System _____	Existing	_____
Mound System _____	Type II System _____	Proposed	_____
Holding Tank _____	Type III System _____	Total	_____
Bed System _____			
Number of Tanks _____			
Tank Size(s) _____			

Permit application fees:	Complete System	\$300	_____
Check # _____	Holding Tank or Privy	\$125	_____
Receipt # _____	Replacement of Drainfield	\$175	_____

(OVER)

Site Plan

Indicate below or on a separate sheet the following required information:

1. Distance of proposed system from:
 - A. Lake or stream
 - B. Road right-of-way
 - C. Property lines
 - D. Structures (Existing & Proposed)
 - E. Water supply (Existing & Proposed)
 - F. Drainage or Utility Easement
 - G. Bluff or Steep Slopes
 - H. Other Prominent Site Features
2. Dimensions of lot and name of lake or stream where located.
3. Location and depth of water supply systems within 100' of sewage treatment system.
4. Attach sewer design sheets.

Site Plan to Scale



The undersigned hereby makes application for permit to construct as herein specified, agreeing to do all such work in strict accordance with the Ordinances of the County of Pine, Minnesota; Minnesota Individual Sewage Disposal Code Minimum Standards set forth by Minnesota Department of Health; Shoreland Management Standards set forth by Minnesota Department of Natural Resources, and Flood Plain Management Standards set forth by the Federal Emergency Management Authority. Applicant agrees that plot plans, sketches, specifications, documents and designs submitted herewith shall become a part of the permit and are a matter of public record. **APPLICANT FURTHER AGREES THAT NO PART OF THE SEWAGE SYSTEM SHALL BE COVERED OR OTHER PERMITTED SITE IMPROVEMENT CONSTRUCTED OR INSTALLED UNTIL IT HAS BEEN INSPECTED AND ACCEPTED.** It shall be the responsibility of the applicant for the permit to notify the Planning & Zoning Office (at least 24 hours in advance) that a Septic System or other permitted site activity is ready for all inspections. **UPON COMPLETION OF THE PROJECT, THE APPLICANT MUST CONTACT THE PLANNING & ZONING OFFICE FOR FINAL INSPECTION. CERTIFICATES OF COMPLIANCE WILL NOT BE ISSUED UNTIL SUCH TIME THAT THE FINAL INSPECTION HAS OCCURRED AND ALL PERMIT CONDITIONS AND INSPECTION REQUIREMENTS ARE SATISFIED.**

The undersigned acknowledges the above information and hereby permits Pine County Officials to enter upon the subject property during normal business hours for the purpose of such tests and inspections as may be appropriate for County Officials to process this permit application. If this permit application requires additional site visits, a fee of \$50 per additional visit will be applied.

Signature of Property Owner

Date

**Permits expire one year from issue date.