

**CITY OF NORTH OAKS**

100 Village Center Dr., Suite 230, North Oaks, MN 55127

(651) 792-7750 Fax: (651) 792-7751

**INDIVIDUAL SEWAGE TREATMENT SYSTEM**  
**APPLICATION/PERMIT**

Application Date \_\_\_\_\_

Job Address \_\_\_\_\_ Permit No. \_\_\_\_\_

Owner \_\_\_\_\_ Fee \$400

Installer \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ MPCA Certificate No. \_\_\_\_\_

Legal Description: RLS \_\_\_\_\_ Tract \_\_\_\_\_

**Proposed Work**

Description \_\_\_\_\_  
(New System, Alteration, Repair)

Type of System \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

Variance No. (if applicable) \_\_\_\_\_ No. of TANKS \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
Print Name

(For Office Use Only)

Date PD \_\_\_\_\_ Amt \_\_\_\_\_ Ck # \_\_\_\_\_ RCPT# \_\_\_\_\_

This permit is granted upon the express condition that the person, partnership, firm or corporation to whom it is granted, together with the agents, employees, workers, and sub-contractors agree to abide by and conform to all Ordinances of the City of North Oaks regarding the construction, alteration, and repair of sewage treatment systems within the city; and that this permit may be revoked at any time upon evidence of violations of any of the provisions of said ordinances.

**PERMITS ARE VALID FOR 180 DAYS**

\_\_\_\_\_  
*Approval Date*

\_\_\_\_\_  
*Sanitary Inspector*