

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 Type I, II, III \$450
Type IV \$450 plus \$85/hr.

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 # _____

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