



Permit # _____

13400 – 90th Street NE • Otsego, MN 55330
(763) 441-2593 • E-mail: building@ci.otsego.mn.us

SEPTIC PERMIT APPLICATION

Date Received: _____ Received By: _____ Approved By: _____

Project Address: _____

Septic Contractor: _____ License #: _____

Address / City / Zip: _____

E-Mail Address: _____ Phone: _____

Property Owner: _____ Phone: _____

Property Type:	<input type="checkbox"/> Single Dwelling	<input type="checkbox"/> Commercial / Industrial	
	<input type="checkbox"/> Multiple Dwelling		
System Type:	<input type="checkbox"/> Standard	<input type="checkbox"/> Alternative	<input type="checkbox"/> Other
	<input type="checkbox"/> Trench	<input type="checkbox"/> At Grade	<input type="checkbox"/> Pressure Bed
	<input type="checkbox"/> Mound	<input type="checkbox"/> Chamber	
Additional Notes:			

Valuation (job cost): \$ _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of **180 days** at any time after work has commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

If different than above,

Applicant Name (please print): _____ Phone: _____

Address: _____ City: _____ Zip: _____

Signature: _____ Date: _____