

COUNTY OF MAHNOMEN
MAHNOMEN, MN 56557

APPLICATION FOR SEWAGE SYSTEM PERMIT

LEGAL DESCRIPTION:

LAND PARCEL NO. SEC. TWP. RANGE TWP. NAME

Owner's name and address _____

Work telephone no. _____ Home telephone no. _____

Installer's name and address _____

Proposed sewage system will consist of: _____

DISTANCE FROM PROPOSED SEWAGE SYSTEM TO:

- House is _____ ft.
- Nearest well is _____ ft.
- Nearest property line is _____ ft.

AGREEMENT: I hereby certify that the information contained herein is correct and agree to perform the proposed work in accordance with the description above set forth and according to the provisions of the Mahnomen County Sewage Treatment Ordinance. I further agree that any plans and specification submitted herewith shall become a part of this Permit Application.

Date _____
Signature of Owner

PERMIT: Permission is hereby granted to the above named applicant to perform the work described in the above statements. This Permit is granted upon the express condition that the person to whom it is granted, and his agent, employees, and workmen shall conform in all respects to the Mahnomen County Sewage Treatment Ordinance. This Permit may be revoked at any time upon violation of said Ordinance.

Date Issued _____
Mahnomen County Zoning Administrator

Permit Fee: \$30.00