

CITY OF AFTON
CITY SEWER HOOK-UP APPLICATION
(PLUMBING)

Date Received: _____ Received By: _____ Permit # _____

-----**APPLICANT COMPLETE INFORMATION BELOW**-----

Project Address: _____ or PID # _____

Property Owner: _____ Phone _____

Address: _____ City: _____ Zip: _____

Contractor: _____ Pipe-Fitter License #: _____

Address: _____ City: _____ Phone: _____

Proposed Work: Residential: _____ Commercial: _____ Other: _____

New Building: Yes _____ No: _____ Description of Work: _____

Estimated Value [labor and materials]: _____

Applicants name [please print]: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Signature: _____ Date: _____

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 laws 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.

-----**CITY USE ONLY**-----

BUILDING OFFICIAL: Reviewed By: _____ Date: _____

Subject to the following conditions: _____

PUBLIC WORKS: Reviewed by: _____ Date: _____

Subject to the following conditions: _____

-----**FEES**-----

Plumbing Permit: _____ Plan Review: _____ State Surcharge: _____

Other: _____

TOTAL DUE: _____

Date Issued: _____ Issued By: _____ Receipt # _____

If you have questions on code items, inspection requirements or to schedule an inspection, call Duane Stensland at 651-436-6469 or the Afton City Office at 651-436-5090



SEPTIC PERMIT APPLICATION

2018

Washington County Department of Public Health & Environment
 14949-62nd St N, P.O. Box 6, Stillwater MN 55082-0006
 651.430.6655 FAX: 651.430.6730

PERMIT NUMBER

Property & Applicant Information

Property Address:		PIN:	
Use of Building:	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Non-Single Family	Application Type:	<input type="checkbox"/> New <input type="checkbox"/> Replace or Alter Existing
Property Owner			
Name(s)	Address City	Zip	Phone Number(s)
Applicant (If Different From Owner)			
Name(s)	Address City	Zip	Phone Number(s)
Email Address For Issued Permit			

Permit Types

Installation and Modification Permits

Type	Purpose	v	Total Fee
Installing a new or replacement system	Single Family Dwelling	<input type="checkbox"/>	\$714
	Non-Single Family/Commercial	<input type="checkbox"/>	\$1,066
	Installation Permit Renewal	<input type="checkbox"/>	\$153
Other	System Abandonment	<input type="checkbox"/>	\$122
	Tank Replacement Only	<input type="checkbox"/>	
	System Repair	<input type="checkbox"/>	
	Connect to Existing System	<input type="checkbox"/>	
Subdivision/Lot Split/ Soil Review	# of Lots: _____ X \$87 per lot + Base fee \$204= _____	<input type="checkbox"/>	

Make Checks Payable to WASHINGTON COUNTY

Total Fee

The following exhibits are required as part of the application and shall be attached hereto: Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, soil hydraulic loading rate information, soil boring holes, proposed location of system and location of well(s), the System Design; and the Final Building Plan. The house and drainfield areas must be staked. Inaccurate or incomplete information will result in delays in processing or denial of the application.

AGREEMENT: The undersigned hereby makes Application for Permit to Install or Extend the Sewage Treatment System herein specified, agreeing that all work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches, and Design submitted herewith, and which are reviewed by Washington County, together with any requirements and/or restrictions made necessary by conditions peculiar to a particular location, shall become part of the permit. Owner and Applicant further agree to provide access, at reasonable times, to Washington County for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. **APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION SHALL VOID THE PERMIT.** It shall be the responsibility of the applicant for the permit to notify the Washington County Department of Public Health and Environment that the installation is ready for inspection.

PERMITS WILL NOT BE ISSUED ONCE FROZEN GROUND CONDITIONS EXIST due to the inability to conduct soil reviews unless arrangements are made **BY THE APPLICANT** to provide a backhoe, geo-probe, or any other device that can penetrate the frozen soil to allow Washington County to conduct a soil review. In accordance with Minnesota Statute 15.99, Subdivision 2, Washington County has up to 60 days to review and approve or deny a complete permit application.

Signature of Applicant (if Different from Owner)

Date

I hereby give the Washington County Department of Public Health and Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavations or soil borings by the Department.

Signature of Owner

Date