

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: _____

Email Address: _____

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 Isaac Stensland at 651-436-7669 or the Afton City Office at 651-436-5090

2024 SEPTIC PERMIT APPLICATION

Property & Applicant Information					
Property Address:				PIN:	
Use of Building:	<input checked="" type="checkbox"/> Single Family Home	<input type="checkbox"/> Non-Single Family	Application Type:	<input type="checkbox"/> New	<input checked="" 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 to send Issued Permit					
Permit Types					
Installation and Modification Permits					
Type	Purpose		v	Total Fee	
	Single Family Dwelling		<input type="checkbox"/>	\$803	
Installing a new or replacement system	Non-Single Family/Commercial		<input type="checkbox"/>	\$1200	
	Installation Permit Renewal		<input type="checkbox"/>	\$172	
Other	System Abandonment		<input type="checkbox"/>	\$137	
	Tank Replacement Only		<input type="checkbox"/>		
	System Repair		<input type="checkbox"/>		
	Connect to Existing System		<input type="checkbox"/>		
	Compliance- Soil Review (Per Hour)		<input type="checkbox"/>	\$132	
Subdivision/Lot Split/ Soil Review	# of Lots:	X \$94 per lot + Base fee \$219 =	<input type="checkbox"/>		
Make Checks Payable to WASHINGTON COUNTY **Septic application fees are non refundable**			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 drain field 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 _____		

The following forms need to accompany this application:

- Site Plan
- Soil Borings
- Septic System Design
- House Plans for New Construction Payment Portal Link: Click HERE

Great Place to live, work and play...today and tomorrow

Washington County is an equal opportunity organization and employer

