

**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: \_\_\_\_\_

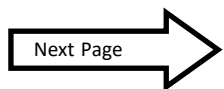
**TOTAL DUE:** \_\_\_\_\_

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

# 2025 Septic Permit Application

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 System <input type="checkbox"/> Replace or Alter Existing System
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
Installing a new or replacement system	Single Family Dwelling		\$827
Installing a new or replacement system	Non-Single Family/Commercial		\$1236
	Installation Permit Renewal		\$177
Other	System Abandonment		\$141
	Tank Replacement Only		
	System Repair		
	Connect to Existing System		\$226
Compliance - Soil Review			
Subdivision/Lot Split/Soil Review	# of Lots: _____ X \$97 per lot + Base fee \$226= _____		
Make Checks Payable to <b>WASHINGTON COUNTY</b> **Septic application fees are non refundable**			<b>Total Fee</b>



# 2025 Septic Permit Application

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

**[Link to: Payment Portal](#)**