

**ATHENS TOWNSHIP SEPTIC PERMIT APPLICATION**

Submit Applications to: [Permits@rumrivercc.com](mailto:Permits@rumrivercc.com)

Scheduling/Questions ~ Andy: [Andy@rumrivercc.com](mailto:Andy@rumrivercc.com) or 763-291-3704

**NOTICE: THIS APPLICATION BECOMES A NUMBERED PERMIT AFTER THE REVIEW IS COMPLETE AND PAYMENT OF FEES. WORK IS NOT TO BEGIN PRIOR TO ISSUANCE.**

APPLICANT IS THE: \_\_\_ OWNER \_\_\_ CONTRACTOR

SITE ADDRESS: \_\_\_\_\_ PARCEL ID #: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

APPLICANT CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MPCA CERTIFICATION #: \_\_\_\_\_ VERIFIED BY OFFICE STAFF: \_\_\_\_\_

CONSTRUCTION TYPE:  NEW  ALTERATION/REPLACEMENT

TYPE OF SEPTIC SYSTEM:  TYPE I  TYPE II  TYPE III  TYPE IV  TYPE V

DRAIN FIELD:  STANDARD TRENCHES  MOUND  PRESSURE BED  OTHER: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ GPD: \_\_\_\_\_

*The undersigned acknowledges to have read this application and the above information is correct. Applicant also understands by signing this application that he/she could be held responsible for any violation of compliance with all applicable laws and ordinances of the ruling jurisdiction.  
 ALL WORK SHALL BE DONE IN ACCORDANCE WITH APPLICABLE PORTIONS OF MN RULES CHAPTER 7080 THROUGH 7083.*

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 PRINT NAME OF SIGNATURE

\_\_\_\_\_  
 DATE

**\*OFFICE USE ONLY\***

DATE **ALL** REQUIRED INFORMATION WAS RECEIVED: \_\_\_\_\_

**APPROVAL**

BUILDING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_

**PAYMENT INFO:**

PAYMENT RECEIVED BY: \_\_\_\_\_

CASH \_\_\_\_\_ CK# \_\_\_\_\_

RECEIPT #: \_\_\_\_\_ DATE \_\_\_\_\_