

Eureka Township



Septic System Holding Tank Permit Application

Note: Completed application must be submitted to the Eureka Town Clerk by noon on the Thursday 10 days prior to the Planning Commission meeting.

OFFICE USE ONLY

Site Address	Property ID No. (PIN)
Contact Person	Daytime Phone E- Mail Address

PROPERTY OWNER			
Name	Daytime Phone		
Address	City	State	Zip

CONTRACTOR			
Name	License No.		
Address	City	State	Zip
Contact Person	Office Phone	Cell Phone:	Fax:
E-Mail Address:			

TYPE OF WORK (CHECK ONE ONLY)			
<input type="checkbox"/> Alteration	<input type="checkbox"/> Abandon	<input type="checkbox"/> Primary residence	<input type="checkbox"/> Permit renewal
<input type="checkbox"/> Addition/expansion	<input type="checkbox"/> Repair/replacement	<input type="checkbox"/> Accessory structure	<input type="checkbox"/> Other _____

TYPE OF STRUCTURE(S)	
<input type="checkbox"/> Septic System _____	Number of Bathrooms _____ Residence total sq. ft. _____
<input type="checkbox"/> Holding Tank _____	<input type="checkbox"/> OTHER: _____

PROJECT DETAILS		
Start date	Estimated completion date	Estimated value (excluding land)

Septic System- Holding Tank (Ordinance 3, Chapter 4, Section 7, Dakota County Ordinance 113 and Minnesota Pollution Control Agency)

Specific description of project or work to be completed (number and attach additional sheets if necessary)

I hereby certify that the information provided in this application is true, correct, and complete. I also acknowledge that the work described herein will be in conformance with the ordinances of the Township of Eureka and with the Minnesota Building Codes; that I understand this is not a permit but only an application for a permit; that I understand work is not to start until all required permits have been obtained; that the work will be in accordance with the approved plans in the case of all work that requires review and approval of plans; and that no changes to the approved plans, specifications, or purpose of this application shall be made without prior approval.

Signature of this application by the legal property owner or property owner's representative is required and authorizes the Township Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

The property owner agrees to pay all plan review fees even if he/ she chooses not to proceed with the work.

Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to a penalty.

SIGNATURE OF OWNER/ OWNER'S REPRESENTATIVE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

DO NOT WRITE BELOW THIS LINE

Date rcvd: _____ Rcvd by: _____ 60-Day Extension until: _____

PERMITS REQUIRED/INSPECTIONS REQUIRED

Septic completed: _____

APPROVALS REQUIRED

Zoning Administrator _____

Incomplete Date notification sent _____

Complete Date complete _____

FEES & APPROVAL SIGNATURES

<p>Check Issued By : _____</p> <p>Date Paid _____</p> <p>Receipt No. _____ Check No. _____</p> <p>Permit Fee \$ _____</p>	<p>Type of System: _____</p> <p>_____</p> <p>Septic Official Approval: _____</p> <p>Printed Name: _____</p> <p>Date: _____</p>
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