

# Redwood County

## Septic Permit Application

(§ 151.23)



### Applicant Information – ☐ Landowner or ☐ Designer

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Landowner/Licensed Designer Information (different from applicant)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Project Details

☐ Septic System (\$200.00 application fee) ☐ Septic Tank Only (\$100.00 application fee)

PID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Site Evaluation

☐ Septic Design

I affirm that the forgoing information is true and accurate. I understand that if any portion of this information is false or misleading, any septic permit issued in reliance upon this information is voidable at the election of the Redwood County Zoning Administrator.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designer License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Environmental Office Use Only:

Date completed application received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Receipt No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Redwood County Government Center - Environmental Department

P.O Box 130 Redwood Falls, MN 56283

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