

POKEGAMA TOWNSHIP
PINE COUNTY, MN.

PLANNING AND ZONING
ZONING ADMINISTRATOR
18336 TOWN HALL RD.
PINE CITY, MN. 55063
TELEPHONE: 320-629-3719
CELL: 320 438-9465

Date

Sanitary Permit Number

Amy: Inspector, 320-980-0235

Sanitary Permit Application

Application forms for Individual Sewer Treatment Systems are submitted to the Planning and Zoning Department of Pokegama Township. Plans will be reviewed by both staff and Township Inspector for completeness.

Project Address (if different than mailing address)

I. Application Information – Please Print All Information

Property Owner's Name

Parcel #

Property Owner's Mailing Address

Property Legal Description

City, State

Zip Code

Phone Number

Govt. Lot _____

_____ 1/4, _____ 1/4, Section _____
(circle one)

T _____ N; R _____ E or W

II. Type of Building (check all that apply)

1 or 2 Family Dwelling – Number of Bedrooms _____

Property Owners Signature

Public/Commercial – Describe Use _____

Company Owners Signature

Other – Describe Use _____

Applicants Signature

Subdivision Name

Other

III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

A. New System Replacement System Treatment/Holding Tank Replacement Only Other Modification to Existing System (explain)

B. Permit Renewal Before Expiration Permit Revision Change of Installer Permit Transfer to New Owner List Previous Permit Number and Date Issued

IV. Type of ISTS System/Component/Device: (Check all that apply)

Non-Pressurized In-Ground Pressurized In-Ground At-Grade Mound ≥ 12 in. of suitable soil Mound < 12 in. of suitable soil
 Holding Tank Other Dispersal Component (explain) _____ Pretreatment Device (explain) _____

V. Dispersal/Treatment Area Information:

Design Flow (gpd) Design Soil Application Rate(gpdsf) Dispersal Area Required (sf) Dispersal Area Proposed (sf) System Elevation

VI. Tank Info

	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Fiber Glass	Plastic
	New Tanks	Existing Tanks							
Septic or Holding Tank									
Dosing Chamber									

VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the ISTS shown on the attached plans.

Installer/Designer Name (Print) Installer/Designer Signature MPCA Number Business Phone Number

Installer/Designer Address (Street, City, State, Zip Code)

VIII. Township/Department Use Only

Approved Disapproved Owner Given Reason for Denial Permit Fee \$ Date Issued Zoning Administrator Signature

IX. Conditions of Approval/Reasons for Disapproval

Attach to complete plans for the system and submit to the Township only on paper not less than 8 1/2 x 11 inches in size