

**Kandiyohi County Zoning**  
**Application for Individual Sewage Treatment Permit**  
**County Office Building 400 SW Benson Ave. Willmar, MN 56201 320-231-6229**

Version: January 2016

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| For Office Use: Fee: <u>\$200.00</u> Zone: _____ Excel ___ AS400 ___ Insp. ___ Permit No. _____ |
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Name of Applicant \_\_\_\_\_

Telephone/Cell No. \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_

Legal Description \_\_\_\_\_

Township \_\_\_\_\_ Section \_\_\_\_\_ Lake Name & Number \_\_\_\_\_

Type of Work: New \_\_\_\_\_ Replacement \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Well Depth \_\_\_\_\_

Garbage Disposal: Yes \_\_\_\_\_ No \_\_\_\_\_ Dishwasher: Yes \_\_\_\_\_ No \_\_\_\_\_

Clothes Washer: Yes \_\_\_\_\_ No \_\_\_\_\_ Water Softner: Yes \_\_\_\_\_ No \_\_\_\_\_

Whirlpool Bath: Yes \_\_\_\_\_ No \_\_\_\_\_ Self cleaning Humidifier in Furnace: Yes \_\_\_\_\_ No \_\_\_\_\_

Ejector Pump in Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Lift Pump in Tank: Yes \_\_\_\_\_ No \_\_\_\_\_

**Agreement: The undersigned hereby makes application for permit to install or extend sewage treatment system herein specified, agreeing to do all such work in strict accordance with the ordinances of the County of Kandiyohi, Minnesota and Minnesota Individual Sewage Disposal Code Minimum Standards, Chapter 7080 set forth by the MPCA (Minnesota Pollution control Agency). Applicant agrees that plot plan, sketches and specifications submitted herewith and which are approved by the Zoning Administrator shall become part of the permit. Applicant further agrees that no part of the system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the Zoning Administrator's Office 24 hours prior to inspection.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Permit: Permission is hereby granted to the above applicant to perform work described in the above statement. This permit is granted upon express condition that the person to whom it is granted, and his/her agents, employees and workmen shall conform in all respects to ordinances of Kandiyohi County, Minnesota. Note: Permit void if work is not completed within twelve (12) months. If the above mentioned system has been inspected by someone other than a member of the Environmental Services Office, the inspection report must be filed within ten (10) days of inspection with the Zoning Administrator.**

Date \_\_\_\_\_ Zoning Administrator \_\_\_\_\_