



# CITY OF HAM LAKE

15544 Central Ave NE  
 Ham Lake, MN 55304  
 763-235-1691

bldgdept@hamlakemn.gov

## SEPTIC PERMIT APPLICATION

<u>Permit Number</u>
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Contacted by: \_\_\_\_\_

<b>Installer Name:</b>	<b>License #</b>	<b>Phone Number:</b>
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<b>Job Site Address:</b>	<b>Legal Description:</b>
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<b>Name of Property Owner(s):</b>	<b>Phone Number:</b>
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<b>Use of Building:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> New System <input type="checkbox"/> Replace or Alter Existing
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Installing New Tanks <input type="checkbox"/>	Using Existing Tanks <input type="checkbox"/>
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Number of Tanks \_\_\_\_\_    Size of Tank 1 \_\_\_\_\_    Size of Tank 2 \_\_\_\_\_    Size of Tank 3 \_\_\_\_\_

Type of System:	At-Grade	Mound	Trench	Pressure Bed	Seepage Bed	Gravity	Other	Fee(s)
Residential - Type I								\$300.00
Residential - Type III		Liability Waiver Required						\$300.00
Commercial								\$300.00
System Abandonment								\$50.00
Tank Replacement Only								\$100.00
System Repair								\$200.00
Connect to Existing System								\$60.00
Tank Installation								\$100.00
Tank Removal								\$75.00
Miscellaneous								
Minnesota State Surcharge <input checked="" type="checkbox"/>								\$1.00

<b>Total \$</b>
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\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Building Official

\_\_\_\_\_  
 Date