



CITY OF HAM LAKE

15544 Central Ave NE
Ham Lake, MN 55304

bldgdept@hamlakemn.gov

SEPTIC PERMIT APPLICATION

<u>Permit Number</u>

Contacted by: _____

Installer Name:		License #	Phone Number:
Job Site Address:		Legal Description:	
Name of Property Owner(s):		Phone Number:	
Use of Building: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		<input type="checkbox"/> New System <input type="checkbox"/> Replace or Alter Existing	
Installing New Tanks <input type="checkbox"/>		Using Existing Tanks <input type="checkbox"/>	
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			\$150.00
Residential - Type III			\$200.00
Commercial			\$200.00
System Abandonment			\$50.00
Tank Replacement Only			\$100.00
System Repair			\$60.00
Connect to Existing System			\$60.00
Tank Installation			\$100.00
Tank Removal			\$50.00
Miscellaneous			
Minnesota State Surcharge <input checked="" type="checkbox"/>			\$1.00

Total \$

Signature of Applicant

Date

Signature of Building Official

Date