

CITY OF EMILY
SSTS PERMIT APPLICATION

APPLICATION:

- A. Applicant shall complete the SSTS Application and submit to the Zoning Administrator.
- B. Applicant shall attach proposed SSTS Design to completed application. Design must be done by a Licensed Designer, shall be complete and shall be legible.
- C. If the City does not have a current license number of the Designer on file, a copy shall be submitted at the time of application.
- D. All applications must be submitted **14 days prior** to the proposed installation date.
- E. The SSTS application fee of \$260.00 shall be paid by the applicant at the time of application.

REVIEW:

- A. The Planning and Zoning Administrator shall review the application for completeness and assign a reference number to application, plans, and any other attachments.
- B. Applicant will be notified, in writing, where additional information is needed.

ACTION:

In order to obtain an SSTS permit, the following must happen:

- A. The Zoning Administrator must review and approve the completed application.
- B. The Zoning Administrator must ensure that the proposed improvements meet the requirements of the Ordinance.
- C. The Zoning Clerk must ensure that the permit fee has been collected.
- D. Based on the date indicated on the application, the Zoning Clerk will assign a State Licensed Inspector to inspect the installation.

Note 1: The City Fee Schedule is based on the average processing and review costs for all applications. When costs exceed the original application fees, the applicant shall reimburse the City for any additional costs. Such expenses may include, but are not limited to, payroll, mailing costs, consultant fees and other professional services the City may need to obtain in reviewing permits. **Applicants will be charged an inspection fee for each on-site inspection visit.** The City may withhold final action on any application and/or hold the release of such permits until all fees are paid.

Note 2: The City strives to process all applications as soon as they are received. To avoid delays, applicants should allow themselves as much time as possible between the time they submit their application and the time they wish to begin construction. Close coordination with the City during the project design phase and submittals that are complete and accurate will help applicants avoid delays.

Note 3: All SSTS installations must be inspected by a City appointed Inspector. There shall be no exceptions. SSTS's that are not inspected shall be considered illegal and in violation of the Ordinance subject to enforcement action under the City Code.

APP # _____
 Date _____
 Fee _____
 Check # _____
 (for office use only)

**CITY OF EMILY
 SSTS PERMIT APPLICATION**

Name of Applicant _____ Phone _____

Property Address (E911#) _____ Local Phone _____

Mailing Address _____ Email _____

City, State, Zip _____

Applicant is: _____ Title Holder of Property: *(if not applicant)*

Legal Owner	()	_____
Contract Buyer	()	(Name)
Option Holder	()	_____
Agent	()	(Address)
Other _____		_____
		(City, State, Zip)

Signature of Owner, authorizing application (required): _____
 (By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant (if different than owner): _____
 (By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Driving directions from City Hall to the property involved in this request:

Property Parcel ID (8 Digit # on Tax Statement) _____

Proposed Installation Date (required) _____

Installer Name and License # _____

Note: Applicant must provide a proposed installation date. Installer may vary from stated installation date, with cause, as long as the City is notified 48 hours in advance. Applicant will be charged the full inspection fee for each site visit made by the City to inspect the installation.

Approved by the Zoning Administrator: _____ Date: _____

SSTS PERMIT CHECKLIST

- _____ Completed application, including signature of property owner
- _____ Design (unless already provided by designer)
- _____ Name and License Number of Installer
- _____ Fee \$260.00
- _____ Proposed Installation Date (required)

For Office Use Only

Type of Septic - Residential _____ Other Establishment _____ - New _____ Replacement _____

Size - 1-2499 Gal _____ 2500-4999 _____ 5k-10k _____

Type I

Trench _____ Trench/EZFlow _____ Trench/Chambers _____ Seep/Press Bed _____ Mound _____
At Grade _____

Type II

Privies _____ Holding Tank _____

Type III

Mound (lack of separation) _____ Disturbed Site _____

Type IV _____ Type V _____

CITY OF EMILY PLANNING AND ZONING OFFICE

CONTACT INFORMATION

Planning and Zoning Administrator: Steve Jones
Zoning Clerk: Sue Fahrendorff
P. O. Box 68
Emily, MN 56447

Phone: (218) 763-2480 (Emily Office)
(320) 841-1793 (cell)

Fax: (218) 763-2481

Email: zoning@emily.net
steve.jones@sourcewell-mn.gov