



# CITY OF HAM LAKE

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 Ham Lake, MN 55304  
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 Fax: 763-235-1691

bldgdept@ci.ham-lake.mn.us

## SEPTIC PERMIT APPLICATION

<u>Permit Number</u>
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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	Liability Waiver Required		\$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 \$
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\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date