

ENVIRONMENTAL SERVICES OFFICE

HUBBARD COUNTY COURT HOUSE

PARK RAPIDS, MN

(218) 732-3890

56470

APPLICATION FOR PERMITS

Building Site
 Sanitary-Shoreland
 Sanitary-Non Shoreland
 Shoreland Alteration

| | | |
|---------------------------------------------------------------------------------------------------|--|-------------------------|
| LEGAL DESCRIPTION AND LOCATION | | Date _____ |
| | | Tax Parcel Number _____ |
| | | Physical Address _____ |
| | | Permit Number _____ |
| Lake No. _____ Lake Name _____ Lake Class _____ Sec. _____ Twp. _____ Range _____ Twp. Name _____ | | |

| OWNER | Last Name | First | M.I. | Mailing Address | Zip Code | Telephone |
|-------|-----------|-------|------|-----------------|----------|-----------|
| | | | | | | |

| | |
|---------------------|-------------------|
| Building Contractor | Septic Installer |
| License No. _____ | License No. _____ |

| TYPE OF IMPROVEMENT | PROPOSED USE | CONST. DIMENSIONS | <input type="checkbox"/> Basement |
|---------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1) | 1) | 1) Size _____ ft x _____ ft long Outside Dimension _____ ft ² Stories above basement _____ Bedrooms _____ Baths _____ | |

| TYPE OF IMPROVEMENT | PROPOSED USE | CONST. DIMENSIONS | |
|---------------------|--------------|-------------------------------------------------------------------------------|--|
| 2) | 2) | 2) Size _____ ft x _____ ft long Outside Dimension _____ ft ² | |
| 3) | 3) | 3) Size _____ ft x _____ ft long Outside Dimension _____ ft ² | |

SEWAGE DISPOSAL SYSTEM DATA: Dwelling Type: 1 2 3 System Type: Trench Bed Mound Privy _____

WATER USING APPLIANCES: Auto. Washer Dishwasher Water Cond. Whirlpool Bath Garbage Disp. Furnace Humidifier

| SOIL SIZING FACTOR | SEPTIC TANK | LIFT STATION | DRAINFIELD |
|-------------------------------------|-------------|--------------|-------------------|
| Capacity | Gallons | Gallons | Feet ² |
| Distance from nearest well | Feet | Feet | Feet |
| Distance from lake or stream | Feet | Feet | Feet |
| Distance from occupied building | Feet | Feet | Feet |
| Distance from property line | Feet | Feet | Feet |
| Distance from bottom to water table | Feet | Feet | Feet |

All distances are shortest distance between nearest points.

| CHARACTERISTICS | | | |
|------------------------------------------------|---------------------------------------|-------------------------------------------|-----------------------------------------------|
| Lot area | Water frontage | Lot depth | Max. land height above high water mark on lot |
| ft ² | ft | ft | ft |
| Land height above high water mark at bldg line | Building setback from high water mark | Building setback from nearest lot line(s) | Building setback from nearest R.O.W. line |
| ft | ft | ft | ft |

| SHORELAND ALTERATION INFORMATION | | | |
|----------------------------------|----------------------------------------------------|------------------------|--------------------------------------------|
| Depth of fill | Type of fill | Depth of grade cut | Affected area setback from high water mark |
| yards | | ft | ft |
| Affected area size | Land height above high water mark at affected area | Type of affected area: | |
| _____ ft wide x _____ ft long | ft | | |

When working in wetlands, contact the DNR, Army Corp of Engineers, and the Hubbard County Wetland Act Administrator.

RECORD:
 Board of Adjustment Appeal Hearing (date) _____ Appeal No. _____
 Decision _____

AGREEMENT: I the undersigned hereby make application for work described and located as shown herein. I hereby certify that the information contained herein is correct and agree to do the work in accordance with the provision of the Ordinances of Hubbard County, MN. I further agree that any plans and specification submitted herewith shall become part of this application, and I agree to an onsite inspection visit by Hubbard County without further notice.
 Dated _____

Signature of Owner or Agent

PERMIT: Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, and his/her agent, employees and workers shall conform in all respects to the Ordinances of Hubbard County, MN. This permit may be revoked at any time upon violation of said Ordinances.

Dated _____

PLANNING & ZONING ADMINISTRATOR

Permit Fee: _____
Please make checks payable to HUBBARD COUNTY TREASURER

COMMENTS: _____

NOTE: Any change in the above plans must be approved by the Hubbard County Environmental Services Office. All disposal systems shall be approved by the Environmental Services Office before covering. Permit is valid for a period of 12 (twelve) months.