



# Septic Permit Application

**1) Address and/or PID** \_\_\_\_\_  
(location where permit will apply)

**2) Permit Type** (place and "X" next to the correct choice) *\*a design must be included with the application*

- |  |  |
|--|--|
| <input type="checkbox"/> Repair (major, tank replacement)      \$100 | <input type="checkbox"/> Standard Septic      \$300<br>(mound, p-bed, at-grade, trench, Type III other system) |
| <input type="checkbox"/> Tank Converted to a holding tank      \$100 | <input type="checkbox"/> Other Establishment      \$450  |
| <input type="checkbox"/> Holding tank installation      \$150        | <input type="checkbox"/> Performance/Type IV      \$450<br>(pretreatment with or w/o credits)                  |

**3) Applicant Information** (owner OR contractor applying for the permit)

Owner name \_\_\_\_\_ Contractor name \_\_\_\_\_  
 Phone number \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone number \_\_\_\_\_  
 License number \_\_\_\_\_

*I hereby certify that the information contained herein is correct and agree to do the proposed work as described above in accordance with the ordinance provisions of Wright County, Minnesota. I further agree that any plans and specification submitted herewith shall become a part of this permit application.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**4) Permit Delivery Instructions** (place an "X" next to the correct choice)

- |   |  |
|---|--|
| <input type="checkbox"/> Mail Permit to:<br>_____<br>_____<br>_____ | <input type="checkbox"/> Call or email when ready for pick-up<br>Name _____<br>Phone number _____<br>Email _____ |
|---|--|

**5) Payment**

Enclose a check payable to "Wright County Treasurer" for the fee amount as listed.

Mail application, plan and check to: **Wright County Government Center**  
(incomplete applications will not be processed) **Planning and Zoning**  
**10 2<sup>nd</sup> Street NW Room 140**  
**Buffalo, MN 55313-1185**