



CITY OF ANOKA

2015 First Avenue North
 Anoka, MN 55303
 763-576-2720
 Fax: 763-576-2727
 www.ci.anoka.mn.us

SEPTIC PERMIT APPLICATION

ADDRESS:		
OWNER:	PHONE:	
CONTRACTOR:	PHONE:	
ADDRESS:	CITY,STATE,ZIP:	
CONTACT NAME:	PHONE:	
USE OF BUILDING:	LICENSE #	
SIZE OF DRAIN FIELD:	SIZE OF TANK	
CLASS OF WORK: <input type="checkbox"/> New Construction <input type="checkbox"/> Mound Septic System <input type="checkbox"/> Repair Septic		
Application accepted by:	Plans Checked By:	Approved for Issuance By:
_____	_____	_____
Date: _____	Date: _____	Date: _____

<p style="text-align: center;">NOTICE</p> <p>This permit becomes null and void if work or construction authorization is not commenced within 120 days, or if construction or work is suspended or abandoned for a period of 120 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinance governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction</p>	CHECK	PERMIT TYPE	PERMIT FEE
		Repair/Upgrade	\$100.00
		New System	\$100.00
		Mound System	\$100.00
		Other	
			PERMIT FEE
		STATE SURCHARGE	\$1.00 (per permit)
Signature of Applicant	Date	TOTAL FEE	\$