

Olmsted County
Planning Department
Inspections Division
2122 Campus Dr SE, Suite 100
Rochester MN 55904
Ph: 507.328.7100 Fx: 507.328.7958
Email: planningweb@co.olmsted.mn.us



**SSTS – SEWER LINE
PERMIT APPLICATION**

OFFICE USE ONLY
Permit # _____

1. **Site Address:** _____

PIN#: _____ Subdivision: _____

Township: _____ Section: _____ Lot: _____ Block: _____

2. **Installing Contractor:** _____ Phone#: _____

Address: _____ ISTS License#: _____

3. **Property Owner:** _____ Phone#: _____

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A. Type of sewer line: Gravity Pressurized

B. Grinder Pump – Check yes or no: *Yes No

*If Yes, check “E1” or Enter the Brand Name: _____ and Model No.: _____

If Tank is used, enter the Brand Name: _____ and Model No.: _____

C. Number of Bedrooms: _____ Garbage Disposal: Yes No Sump Pump: Yes No

D. As installing contractor, I declare that the above information is correct, and all materials, design of equipment, construction and workmanship will be supplied in accordance with the Standards adopted by Olmsted County. If any modification to this application is proposed, approval of the permitting authority shall be obtained before construction.

I shall notify the permitting authority on the workday proceeding the day that the inspection is desired, providing the permit number and directions to the work site with the request.

Signature of licensed installing contractor: _____ **Date:** _____

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Signature of Owner: _____ **Date:** _____

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Office Use Only

Associated Building Permit#: _____

Amount: \$315.00
(subject to change)