

**CITY OF EMILY**  
**SSTS PERMIT APPLICATION**

**APPLICATION:**

- A. Applicant shall complete the SSTS Application and submit to the Zoning Administrator.
- B. Applicant shall attach proposed SSTS Design to completed application. Design must be done by a Licensed Designer, shall be complete and shall be legible.
- C. If the City does not have a current license number of the Designer on file, a copy shall be submitted at the time of application.
- D. All applications must be submitted **14 days prior** to the proposed installation date.
- E. The SSTS fee shall be paid by the applicant at the time of application.

**REVIEW:**

- A. The Planning and Zoning Administrator shall review the application for completeness and assign a reference number to application, plans, and any other attachments.
- B. Applicant will be notified, in writing, where additional information is needed.

**ACTION:**

In order to obtain an SSTS permit, the following must happen:

- A. The Zoning Administrator must review and approve the completed application.
- B. The Zoning Administrator must ensure that the proposed improvements meet the requirements of the Ordinance.
- C. The Zoning Clerk must ensure that the permit fee has been collected.
- D. Based on the date indicated on the application, the Zoning Clerk will assign a State Licensed Inspector to inspect the installation.

Note 1: The City Fee Schedule is based on the average processing and review costs for all applications. When costs exceed the original application fees, the applicant shall reimburse the City for any additional costs. Such expenses may include, but are not limited to, payroll, mailing costs, consultant fees and other professional services the City may need to obtain in reviewing permits. **Applicants will be charged an inspection fee for each on-site inspection visit.** The City may withhold final action on any application and/or hold the release of such permits until all fees are paid.

Note 2: The City strives to process all applications as soon as they are received. To avoid delays, applicants should allow themselves as much time as possible between the time they submit their application and the time they wish to begin construction. Close coordination with the City during the project design phase and submittals that are complete and accurate will help applicants avoid delays.

Note 3: All SSTS installations must be inspected by a City appointed Inspector. There shall be no exceptions. SSTS's that are not inspected shall be considered illegal and in violation of the Ordinance subject to enforcement action under the City Code.

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APP # _____
Date _____
Fee _____
Check # _____
(for office use only)

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Property Address (E911#) \_\_\_\_\_ Local Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Applicant is:

Title Holder of Property: *(if not applicant)*

Legal Owner ( ) \_\_\_\_\_

(Name)

Contract Buyer ( ) \_\_\_\_\_

(Address)

Option Holder ( ) \_\_\_\_\_

Agent ( ) \_\_\_\_\_

Other \_\_\_\_\_

(City, State, Zip)

Signature of Owner, authorizing application (required): \_\_\_\_\_

(By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant (if different than owner): \_\_\_\_\_

(By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Driving directions from City Hall to the property involved in this request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Parcel ID (8 Digit # on Tax Statement) \_\_\_\_\_

Proposed Installation Date (required) \_\_\_\_\_

Installer Name and License # \_\_\_\_\_

**Note: Applicant must provide a proposed installation date. Installer may vary from stated installation date, with cause, as long as the City is notified 48 hours in advance. Applicant will be charged the full inspection fee for each site visit made by the City to inspect the installation.**

Approved by the Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**SSTS PERMIT CHECKLIST**

- \_\_\_\_\_ Completed application, including signature of property owner
- \_\_\_\_\_ Design (unless already provided by designer)
- \_\_\_\_\_ Name and License Number of Installer
- \_\_\_\_\_ Fee
- \_\_\_\_\_ Proposed Installation Date (required)

**For Office Use Only**

Type of Septic - Residential \_\_\_\_\_ Other Establishment \_\_\_\_\_ - New \_\_\_\_\_ Replacement \_\_\_\_\_

Size - 1-2499 Gal \_\_\_\_\_ 2500-4999 \_\_\_\_\_ 5k-10k \_\_\_\_\_

Type I

Trench \_\_\_\_\_ Trench/EZFlow \_\_\_\_\_ Trench/Chambers \_\_\_\_\_ Seep/Press Bed \_\_\_\_\_ Mound \_\_\_\_\_  
At Grade \_\_\_\_\_

Type II

Privies \_\_\_\_\_ Holding Tank \_\_\_\_\_

Type III

Mound (lack of separation) \_\_\_\_\_ Disturbed Site \_\_\_\_\_

Type IV \_\_\_\_\_

Type V \_\_\_\_\_

**CITY OF EMILY PLANNING AND ZONING OFFICE**

**CONTACT INFORMATION**

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Emily, MN 56447

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