



# CASS COUNTY ENVIRONMENTAL SERVICES RESIDENTIAL BUILDING AND INDIVIDUAL SEWAGE TREATMENT SYSTEM PERMIT APPLICATION

1. **Pages 1 through 3 must be completed and submitted before this application will be processed.**
2. Construction Permits are valid for two (2) years and Individual Sewage Treatment System Permits are valid for one (1) year (whether there is and escrow or not) from the date of issuance.
3. All corners of the proposed structure(s) are required to be staked with visible flags, ribbon, or lathes prior to any building permit approval. I agree to have flags, ribbons, or lathes in place for inspection by: Date \_\_\_\_\_
4. It shall be a violation of the Cass County Land Use Ordinance to commence construction before the permit application is signed and approved by an ESD Inspector.
5. **ALL PERMITS ISSUED IN CASS COUNTY REQUIRE A CERTIFICATE OF COMPLIANCE OR COMPLIANCE INSPECTION.**  
Enter date of Certificate of Compliance: \_\_\_\_\_ Enter date of Compliance Inspection: \_\_\_\_\_  
(if less than 5 years for new system) (if less than 3 years on existing system)
6. Construction and Demolition Debris **MUST NOT** be buried or burned. Indicate how and where the material will be disposed of \_\_\_\_\_.
7. The applicant or agent hereby makes application for a land use permit agreeing to do all such work in accordance with all Cass County Ordinances. Applicant or agent agrees that application, site plan, and other attachments submitted herewith and which are approved by the ESD Official are true and accurate. Applicant or agent agrees that, in making application for a land use permit, applicant grants permission to Cass County, at reasonable times to enter applicant's premises, to determine compliance of that application with any applicable county, state, or federal ordinances or statutes. It is the applicant's sole responsibility to contact any other federal, state, or local agencies to ensure applicant has complied with all relevant Municipal, State, Federal or other applicable laws.
8. This permit may be suspended at any time upon violation of any ordinance or if the information provided in this application is found to be misleading or inaccurate.
9. I have read and fully understand the above instructions. I hereby swear that all information provided in this application is true and correct.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

10. Application submitted must include the following:
  - 1). Property owner signature.
  - 2). Property owners DATE OF BIRTH.
  - 3). Property Owner or Contactor's phone number.
  - 4). Total Square Footage of proposed structure(s) along with the total height.
  - 5). All setback lines (roads, lake, property lines).
  - 6). Lake or Stream name.

*All information needs to be submitted in order for application to be processed.*

11. When you have completed the application and all accompanying plans, etc., mail or deliver it in person to the Environmental Services Department, Cass County Courthouse, PO Box 3000, Walker, MN 56484. A fee must accompany each application. Make check payable to the "Cass County Treasurer".

# Residential Building and Individual Sewage Treatment System Permit Application (use Black or Blue ink only)

Parcel ID # \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Day Time Phone # \_\_\_\_\_

Property Owner  
Date of Birth: \_\_\_\_\_

Bldg Contractor Name:  
License # \_\_\_\_\_

Contractor Phone # \_\_\_\_\_

Property Address: \_\_\_\_\_

Section: \_\_\_\_\_ Twp: \_\_\_\_\_ Range: \_\_\_\_\_

Township  
Name: \_\_\_\_\_ Acres: \_\_\_\_\_

Lake or Stream \_\_\_\_\_ Class \_\_\_\_\_

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

\_\_\_\_\_  
Property Owner Signature Date

<b>OFFICE USE ONLY</b>	
Received by _____	Date _____
Total Fees Paid: _____	
Receipt #: _____	Check #: _____
Zoning: _____	
Structure Approval: _____	
Date: _____	
ISTS Approval: _____	
Date: _____	
Date Mailed: _____	
Comments: _____	

<input type="checkbox"/>	<b>E-911 Address:</b> _____	Fee \$ _____
	GPS Northing _____	
	GPS Easting _____	

<input type="checkbox"/>	<b>Residential Structure:</b> _____	Fee \$ _____
	<b>New Home, Attached Garage, Deck:</b> (Deck not included in sq ftg.) (Fees \$0.15 per sq ft / min. \$100.00)	
	Total Square Foot: _____ x .15 = \$ _____	
	Height to Peak: _____ ft.	
	Mobile Home: Yes / No _____ RV Yes / No _____	
	Total # of Bedrooms _____	

<input type="checkbox"/>	<b>Addition to Residential Structures:</b> _____	Fee \$ _____
	<b>(Including attached garage)</b> (Fees \$0.35 per sq ft / min. \$85.00)	
	Total Square Foot: _____ x .35 = \$ _____	
	Height to Peak: _____	
	Bedroom Addition: Yes / No _____ Total # of Bedrooms _____	

<input type="checkbox"/>	<b>Accessory Structures:</b> _____	Fee \$ _____
	<b>(Fees \$0.20 per sq ft / min. \$85.00)</b>	
	Total Square Foot _____ x .20 = \$ _____	
	Height to Peak: _____	
	Building Type: <input type="checkbox"/> Garage <input type="checkbox"/> Pole Bldg <input type="checkbox"/> Gazebo <input type="checkbox"/> Other: _____	

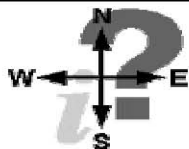
<input type="checkbox"/>	<b>Sanitary System:</b> _____	Fee \$ _____
	<input type="checkbox"/> Septic System <input type="checkbox"/> Drainfield Only	
	<input type="checkbox"/> Tank Only <input type="checkbox"/> Privy (Outhouse)	
	<input type="checkbox"/> Community Sewage System Flow GPD _____	
	Septic System Installer: / License # _____	

<input type="checkbox"/>	<b>Decks:</b> _____	Fee \$ _____
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<input type="checkbox"/>	<b>Boundary Fences</b> _____	Fee \$ _____
	Height: _____ Setback to Property Line _____	

Approved Permit Application may  
be different then what you had  
applied for.

# SITE PLAN

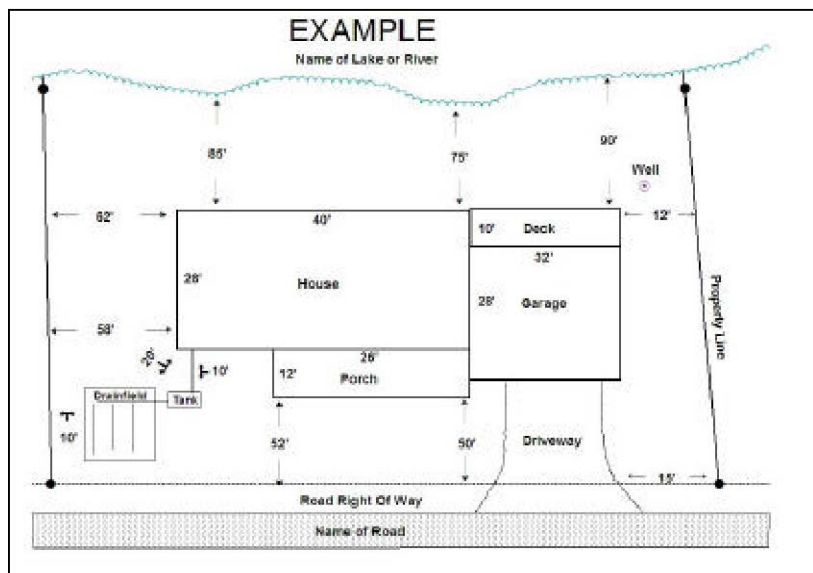


*Any work or dirt moving in the Shore Impact Zone Area requires a Shoreland Alteration Permit*

*Shore Impact Zone: General Development Lake (GD) 75' from Ordinary High Water Mark*

*Recreational Development Lake (RD) 100' from Ordinary High Water Mark*

*Natural Environmental Lake (NE) 150' from Ordinary High Water Mark*



You **must** include all buildings, existing and proposed, on your property and label them. You **must** include all dimensions (including height) of the buildings as well as all setbacks to property lines, lakes or rivers, roads, and any other pertinent setbacks.

I hereby swear that the information provided in this sketch is true, accurate, and complete.

Applicant Signature

Date

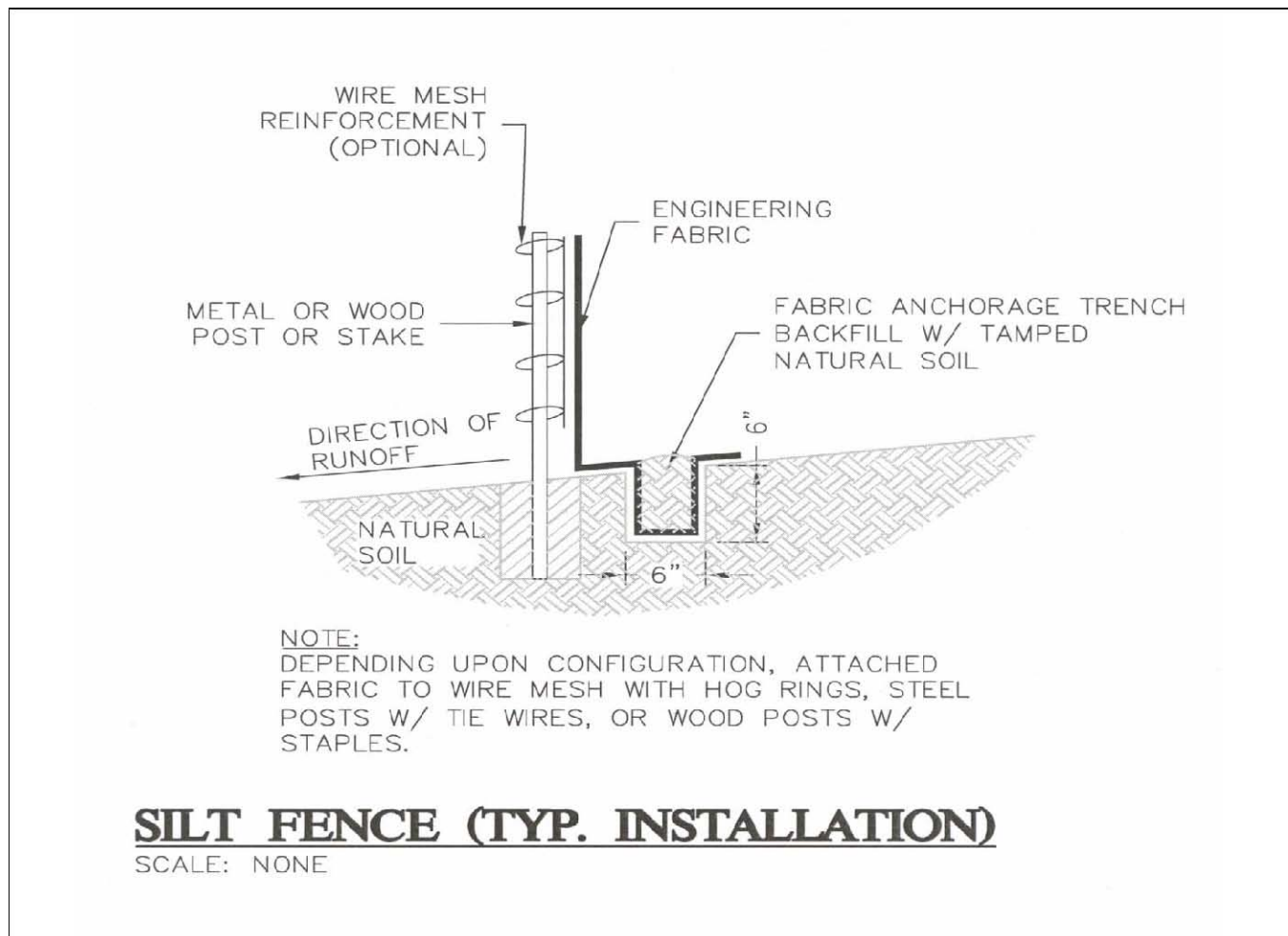
## **ATTENTION PERMIT APPLICANTS**

The Cass County Land Use Ordinance requires that any permit which involves the movement of fill material or excavation have sediment and erosion control measures be in place before construction begins and maintained until after construction is completed. Seeding and mulch must be applied within 14 days of completion of construction.

**Any project which disturbs more than one acre also requires an MPCA Stormwater Permit.**

**Failure to maintain sediment and erosion control measures may result in a cease and desist order on the project, assessment of an administrative fee, and an approved sediment and erosion control plan before work may resume.**

Here is one option available for sediment control



Please contact our office for recommendations on erosion control, sediment control, seeding, and mulch for your project:

Cass County Environmental Services Department  
PO Box 3000  
Walker, MN. 56484  
218-547-7241

Website: [www.co.cass.mn.us](http://www.co.cass.mn.us)