

MANTRAP TOWNSHIP
23953 Co. 86 - Nevis, Minnesota 56467
Mailing Address: PO Box 227 - Nevis, MN 56467
MANTRAP TOWN HALL - 1-888-370-9902

AP# _____

() Building Site

APPLICATION FOR PERMITS

LEGAL DESCRIPTION AND LOCATION	<div style="display: flex; justify-content: space-between;"><div>Legal Description _____</div><div>Date _____ Tax Parcel Number _____ Fire No. _____ Permit No. _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Lake Classified _____</div><div>Sec. _____</div><div>Twp _____</div><div>Range _____</div><div>Twp Name _____</div></div>
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Owner	Last Name	First	Int.	Mailing Address	Zip Code	Tele. No. Perm

Building Contractor Name _____ Septic Installer _____ Tele. No. Season _____
License # _____ License # _____
(Self Improvement) ☐
(Owner)

TYPE OF IMPROVEMENTS:	PROPOSED USE:	PRINCIPAL CONST. DIMENSIONS	OTHER CONST. DIMENSIONS
() New Building () Alteration () Bedroom/Water using Appt. () Other	() Single Family Dwelling () Multi Dwelling ____ Units () Garage () Storage Bldg. () Other	Size _____ ft. x _____ ft. long Basement () yes () no Stories above basement _____ Sq. ft. (outside dim.) _____ Bedrooms _____ Baths _____	Size _____ ft. x _____ ft. long Sq. Ft. (outside dim) _____

SEWAGE DISPOSAL DATA: Type Dwelling I () II () III () Type of Construction: Trench () Bed () Mound ()
WATER USING APPLIANCES:
Automatic Washer () Dishwasher () Water Cond. () Whirlpool bath () Garbage Disp. () Furnace Humidifier ()

SOIL SIZING FACTOR	SPETIC TANIK	LIFT STATION	DRAINFIELD
Capacity	Gls.	Gls.	Gls.

Distance from nearest well _____
Depth of fill is _____ yards. Type of fill is _____. Depth of grade cut is _____ feet.
Affected area setback from high water mark is _____ feet
Affected size is _____ feet wide X _____ feet long
Land height above high water mark at affected area is _____ feet.
Type of affected area is () hill () low area swamp () marsh () ice ridge out () other

When working in wetlands, contact the DNR,
Army Corp of Engineers and the Hubbard
County Wetland Act. Administrator

RECORD:
Township Planning Meeting (date:) _____ Township Board Meeting Date _____
Decision _____ Decision _____

AGREEMENT: I the undersigned hereby make application for work described and located as shown herein. I hereby certify that the information contained herein is correct and agree to do the work in accordance with the provisions of the Ordinances of Mantrap Township & Hubbard County, MN. I further agree that any plans and specifications submitted herewith shall become part of this application and agree to an onsite inspection visit by Mantrap Township County without further notice. I also agree that all information I submit may be public and forwarded to Hubbard County Zoning. I also agree to make inquiry with County Zoning authority and comply with any applicable county regulations and state regulations.

Dated _____ Signature of owner or Agent _____

PERMIT: Permission is hereby granted to the above named applicant to perform the work described I the above statement. This permit is granted upon the express condition that the person to whom it is granted and his agent, employees and workmen shall conform in all respects to the Ordinances of Hubbard County & Mantrap Township, MN. This permit may be revoked at any date and time upon date of violation of said Ordinances date.

Dated _____ COMMISSIONER PLANNING/TOWN BOARD CHAIR _____

PERMIT FEES \$ _____ Please make checks payable to: Mantrap Township

COMMENTS: This permit is granted upon information owner/agent furnished. Mantrap Township not responsible for accuracy

NOTE: Any change in the above plans must be approved by the Township and possible Hubbard County Environmental Services Office. All disposal systems shall be approved by the Environmental Services Office before covering. Permit is valid for period of 12 (twelve) months.

*Please Note: Mantrap Township is just one level of Government that regulates Land Use. This permit is not all-inclusive; you just contact all levels of Government, State, County, D.N.R. U.S.O.S., Soil, Water and MN Health Dept. Your attorney could advise you of all governing agencies.