

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

**CITY OF BACKUS
ISTS PERMIT APPLICATION**

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 _____
(City, State, Zip)

Agent _____

Other _____

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 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 Township is notified *48 hours in advance*. Applicant will be charged the full inspection fee for each site visit made by the Township to inspect the installation.

Approved by the Community Development Administrator:
_____ Date: _____

CHECKLIST

- _____ Completed application, including signature of property owner
- _____ Design
- _____ Name and Designer's License #
- _____ Fee
- _____ Installation Date (required)

CONTACT INFORMATION

Community Development
Administrator:

Amanda Peterson
Sourcewell
202 12th St NE
PO Box 219
Staples, MN 56479

Phone: (218) 895-4138
amanda.peterson@sourcewell-mn.gov

Private Sewer System
Inspector:

Maschler Septic Consultants
Lou Ann Maschler
16333 County Road 142
Brainerd, MN 56401
218-839-3042