

GREENBUSH TOWNSHIP OFFICE OF ZONING and BUILDING

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SEWAGE TREATMENT SYSTEM PERMIT APPLICATION

Permit # GB-25 _____ **Parcel # 06 -** _____ - _____

Owner Name Address _____

Ph/cell/email _____

Buyer name address _____

Authorized agent name address _____

Ph/cell/email _____

Project Address: _____

Designer _____ Lic _____ Company _____ cert _____

Address _____

Ph _____ cell _____ email _____

Installer _____ Lic _____ Company _____ cert _____

Address _____

Ph _____ cell _____ email _____

Tank Mfg. _____ Tank size _____ lift tank size _____

Ph/cell/email _____

AGREEMENT: I hereby certify that I am the owner of the above property or their authorized agent and have read and examined this application and know the same to be true and correct. All Provisions of laws and ordinances governing this work will be complied with whether specified herein or not. I fully understand that the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I understand the information I provide for this application will be utilized to determine suitability under the ordinances of Greenbush Township in MilleLacs County and any omissions or erroneous information provided may result in the permit not being issued. I also understand that by applying for this permit, I grant the zoning authority access to the above property for inspections throughout the application and permitting process.

Printed name of Contractor, Authorized Agent, Owner or Builder (please indicate)

Date

Signature of Contractor, Authorized Agent, Owner or Builder (please indicate)

Date

OFFICE USE ONLY

Date received

Info needed

date approved