



PRIVATE SEPTIC PERMIT APPLICATION

Please return application and plans as needed with the property address in the subject line to permits@daytonmn.gov

APPLICANT IS:		OWNER	CONTRACTOR
SITE ADDRESS:		SUITE #:	
CITY:	STATE:	ZIP:	
JOB DESCRIPTION:		VALUATION:	

OWNER	
OWNER NAME:	
OWNER ADDRESS:	
OWNER CITY, STATE, ZIP:	
OWNER EMAIL:	
OWNER PHONE:	

CONTRACTOR	
CONTRACTOR NAME:	LICENSE:
CONTRACTOR ADDRESS:	
CONTRACTOR CITY, STATE, ZIP:	
CONTRACTOR EMAIL:	
CONTRACTOR PHONE:	

SEPTIC PERMIT TYPE		
NEW		
REPAIR	EXPLANATION	
REPLACE	EXPLANATION	
DEMOLISH	EXPLANATION	
SEPTIC FOR:		
RESIDENTIAL	COMMERCIAL	INDUSTIRAL
IS STREET EXCAVATION NECESSARY?		
YES	NO	

THE UNDERSIGNED HEREBY AGREES THAT, IN CASE SUCH PERMIT IS GRANTED, THAT
ALL WORK WHICH SHALL BE DONE AND ALL MATERIALS WHICH SHALL BE USED SHALL
COMPLY WITH THE PLANS AND SPECIFICATIONS HERewith SUBMITTED AND WITH ALL
THE ORDINANCES OF SAID CITY OF DAYTON APPLICABLE HERETO.

NAME OF APPLICANT (please print)

APPLICANT SIGNATURE

DATE

Please return application and plans as needed
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OFFICE USE ONLY

WORK TYPE:

NEW

ADDITION

REPAIR

DEMOLISH

REPLACE

ALTER/REMODEL

ADDITIONAL FEES:

REQUIRED INSPECTIONS:

SOIL VERIFICATION

ROCK BED

TANKS

TRENCHES

ROUGH IN

AS- BUILT

FINAL PUMP & ALARM

OTHER

REQUIRED APPROVAL

BUILDING INSPECTOR:

DATE:

COMMENTS: