

**St. Johns Township Zoning**  
**Application for Individual Sewage Treatment Permit**  
Township Office, 205 NW 2<sup>nd</sup> St Pennock, MN 320-599-4546

Version: November 2006

For Office Use: Fee: \$ \_\_\_\_\_ Zone: \_\_\_\_\_ Excel \_\_\_\_\_ AS400 \_\_\_\_\_ Inst. \_\_\_\_\_ Permit No. \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_

Legal Description \_\_\_\_\_

Township \_\_\_\_\_ Section \_\_\_\_\_ Lake Name & Number \_\_\_\_\_

Type of Work: New \_\_\_\_\_ Replacement \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Well Depth \_\_\_\_\_

Garbage Disposal: Yes \_\_\_\_\_ No \_\_\_\_\_ Dishwasher: Yes \_\_\_\_\_ No \_\_\_\_\_

Clothes Washer: Yes \_\_\_\_\_ No \_\_\_\_\_ Water Softner: Yes \_\_\_\_\_ No \_\_\_\_\_

Whirlpool Bath: Yes \_\_\_\_\_ No \_\_\_\_\_ Self cleaning Humidifier in Furnace: Yes \_\_\_\_\_ No \_\_\_\_\_

Ejector Pump in Basement: Yes \_\_\_\_\_ No \_\_\_\_\_ Lift Pump in Tank: Yes \_\_\_\_\_ No \_\_\_\_\_

**Agreement:** The undersigned hereby makes application for permit to install or extend sewage treatment system herein specified, agreeing to do all such work in strict accordance with the ordinances St. Johns Township, Minnesota and Minnesota Individual Sewage Disposal Code Minimum Standards, Chapter 7080 set forth by the MPCA (Minnesota Pollution control Agency). Applicant agrees that plot plan, sketches and specifications submitted herewith and which are approved by the Zoning Administrator shall become part of the permit. Applicant further agrees that no part of the system shall be covered until it has been inspected and accepted. It shall be the responsibility of the applicant for the permit to notify the Zoning Administrator's Office 24 hours prior to inspection.

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

Permit: Permission is hereby granted to the above applicant to perform work described in the above statement. This permit is granted upon express condition that the person to whom it is granted, and his/her agents, employees and workmen shall conform in all respects to ordinances of St. Johns Township, Minnesota. Note: Permit void if work is not completed within twelve (12) months. If the above mentioned system has been inspected by someone other than a member of the Environmental Services Office, the inspection report must be filed within ten (10) days of inspection with the Zoning Administrator.

Date \_\_\_\_\_ Zoning Administrator \_\_\_\_\_

# SITE PLAN

Name \_\_\_\_\_ Tax Parcel Number \_\_\_\_\_

### Information to be included on site plan

\_\_\_ Location & size of ALL existing & proposed structures \_\_\_ Distance from lake, road, property lines

\_\_\_ Location of well & septic \_\_\_ Location of roads & driveways

Overall Height \_\_\_ Side Wall Height \_\_\_ Fill Soil Brought In \_\_\_ Removed \_\_\_

Any Wetland Alterations Yes No --- Walkout Basement Yes No --- Any Commercial Purposes Yes No

Minimum Prop. Line Setbacks	Minimum Road Setbacks	Minimum Lake Setbacks	Minimum Rear Yard Setbacks	Maximum Story Height	Maximum Building Height	Maximum Impermeable Surface Coverage
R-1, RM 10 ft.	65 ft.	Gen. Dev. 75 ft.	A-1, A-2 10 ft.	A-1, A-2 2 ½	A-1, A-2 30 ft.	A-1 & A-2 30%
Nat. Env. Lake 20 ft.	80 ft.	Rec. Dev. 100 ft.	R-1, R-2, R-3, RM (Dw) 40 ft.	R-1, RM 2 ½	R-1, RM 25 ft.	R-1 & RM 25%
A-1 & A-2 10 ft.	100 ft.	Nat. Envir. 150 ft.	R-1, R-2, R-3, RM (Acc) 10 ft.	R-2 & R-3 2 ½	R-2 25 ft.	R-2, & R-3 30%
R-2 & R-3 10 ft.	130 ft.		CI (Com.) 10 ft.		R-3 25 ft.	CI 75%
CI 10 ft.	150 ft.				CI 40 ft.	

**NORTH**