



SSTS Permit: _____
 Building Permit: _____
Olmsted County Planning Department
Inspections Division
 2122 Campus Dr SE, Suite 100
 Rochester, MN 55904
 P: 507-328-7100 F: 507-328-7958
 planningweb@olmstedcounty.gov

SSTS Sewer Line Permit Application

Location

Installer	Name:	Phone:	
	Address:	Cell:	
	E-mail:	Lic. #:	
Property Owner	Name:	Phone:	
	Mailing Address:		
	E-mail:		
Property	Subdivision:	Lot:	Block:
	PIN #:	Township:	Section:
	Site Address:		

Application Information

Type of sewer line: Gravity Pressurized Grinder pump: Yes No

If Yes, check E1 or enter brand name and model number:

If tank is used, enter the brand name and model number:

Number of bedrooms: Garbage disposal: Yes No

Sump pump: Yes No

Property Owner

Signature: _____ Date: _____

Installing Contractor (Licensee)

As installing contractor, I declare that the above information is correct, and all materials, design of equipment, construction and workmanship will be supplied in accordance with the Standards adopted by Olmsted County and MN State Rules. If any modification to this application is proposed, approval of the permitting authority shall be obtained before construction. I shall notify the permitting authority on the workday preceding the day inspection is desired, providing the permit number and directions to the work site.

Company Name: _____ License Number: _____

Signature: _____ Date: _____