

CERTIFICATE OF COMPLIANCE SEWAGE SYSTEM

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Sember	unty, Minnesota.		Twp. Name Detroit
day of September	dinance, Becker Co	escribed as:	Range
s 6th	ttions of Zoning Or	ficate are legally de	Twp
This certificate has been issued this	to certify compliance with regulations of Zoning Ordinance, Becker County, Minnesota.	The premises covered by this certificate are legally described as:	Lake No. 387 Sec.

E C Detroit Lakes, 'n 点は Address. Name Owner:

Permit No. SP 15-2310-30

Zoning Administrator Becker County, Minnesota

Signed by:_

56501

Zip No._

(Clarge of the

Pi - Assessor Blu - Inspector APPLICATION FOR BU	JRT HOUSE Phone	e 218-847-7721 — Detroi	t Lakes, Minn. 56501	Date_ \$ -/2 -	74		
APPLICATION FOR BU	ILDING OR SEWAG	E PERMIT AND CE	RTIFICATE OF O	CCUPANCY			
LEGAL LOTS 524	ડ ઝ				=		
DESCRIPTION Floyd LAKE	BEACH						
AND							
100	1 4 1	1			_		
	e Name Lake Cla)ETROIT	_		
IDENTIFICATION: Please Print All Information		assif. Sec. TW	P Range	TWP Name			
I are No.		Address- No. Street, City	and Seese	T = T	-		
Owner LINDNER, Ed	R+	- 5	and State	Zip No. Tel, No.	-		
1		2/2- 4/			•		
Contractor 102 V	$+\mathcal{D}$	ETROIT LA	akss, MN	\$230/	_		
Contractor Name LEKOY KAK	IE						
TYPE OF IMPROVEMENT:	RESIDENTIAL PROPO	ISED LISE.					
() New Building () Alteration			NON-RESIDENTIAL	PROPOSED USE:			
Other	() One Family Dwe	-	Specify:				
	() Multiple Dwellin	ngUnits	Size:				
STIMATED COST OF IMPROVEMENT \$ RINCIPAL TYPE OF FRAME:	TV05 05 05	Construction Starting Da	ate:				
() Masonry	TYPE OF SEWAGE DIS	SPOSAL:	DIMENSIONS:				
() Wood Frame	() Public		Basement: () Ye	s () No			
() Structural Steel	() Individual Septi WATER SUPPLY:	c Tank, etc.	Stories above basem				
() Other - Specify	() Public			dimension)			
	() Individual Well		Bedrooms	Baths			
	MECHANICAL EQUIPM						
Type of Roof:	Elevator: () Yes	() No	HEATING:	Gas () Oil			
	Air Conditioning: () Yes () No		None ()	,		
CEIMA OF DAODES	() Central	() Unit	Other:	suprige Be	e4		
SEWAGE DISPOSAL SYSTE	M DATA:	SEPTIC TANK	SEEPAGE PIT	DRAIN FIELD			
Capacity		900 Gls.	Sq. Ft.	360 Sq. Ft.	13 X B		
Distance from nearest well		70 Ft.	Ft.	90 Ft.	'		
Distance from lake or stream		100 Ft.	Ft.	, n ,			
Distance from occupied building		27 Ft.		/35 Ft.			
Distance from property line		7	Ft.	40 Ft.			
		9/3 Ft.	Ft.	/ <u>J</u> Ft.			
Distance from bottom to Water Table Al	distances are shortest	Ft. distance between nearest	Points Ft.	rue 4 Ft.			
HARACTERISTICS:			,				
Lot Area is	quare feet, Wa	nter frontage is	foot				
Building set back from high water mark is	feet,	(Building Line)					
Land height above high water mark at building li	ne is	feet					
Building set back from State highway is			reet is				
Side yard is and	feet Rear	vard is	ot Tee	ι,			
Building will be located feet	from septic tank (Sewage Sv	stem Permit must be obtained	hafara installation				
Building will be located feet	from soil absorption system	(Cassonal Desiretals ass.)	Defore installation).				
ement: I hereby certify that the information and							
eement: I hereby certify that the information cont ording to the provisions of the ordinances of Becker permit application. I also understand that this pe	imed nerein is correct and a County, Minnesota. I furthe	gree to do the proposed work	in accordance with the des	cription above set forth and	!		
permit application. I also understand that this per red until it has been inspected and accepted. It sho ob is ready for inspection.							
oo is ready for inspection.	-,	Periodici for the permit to no	omy the county Zoning Ad	ministrator, 48 hours before	•		

Dated 8-15-74

Signature of Owner

L/NONFA-E.D.

Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota.

This permit may be revoked at any time upon violation of said ordinances.

Permit Fee \$ 50

State Surcharge \$ 50

Comments:

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Lindows , Ed

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DETROIT Lake, my sign

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8-15-74

INSPECTOR'S CHECK LIST

Make all measurements and computations

	ACTUAL IS ↓		MINIMUM Shall Be ↓	Sq. Ft.	
Building Set Back from High Water Mark		Ft.		Ft.	
Building Set Back from State Highway		Ft.		Ft.	
Side Yard	&	Ft.	&	Ft.	
Rear Yard Elevation at Building Line above		Ft.		Ft.	
High Water Mark		Ft.		Ft.	

SEWAGE DISPOSAL SYSTEM STATISTICS

					Beel						
CATEGORY	SEPTIC TANK			SEEPAGE-PIT			DRAIN FIELD				
	Actual		Should be		Actual		Should be		Actual	Should be	
Capacity	900	GIs.		Gls.	360	SF		SF	SF		S F
Distance from Nearest Well	70	F		F	90	F	75	F	F	50	F
Distance from Lake or Stream	100	F		F	125	F		F	F		F
Distance from Occupied Building	27	F	10	F	40	F	20	F	F	20	F
Distance from Property Line	25	F	10	F	12	F	10	F	F	10	F
Distance from Bottom to Water Table		F		F		F	4	F	F	4	_

Filled in to 4' above lake level. Sopher mound type Inspector's Comments:____

INTERPRETATION OF ABBREVIATIONS

Gls — Gallons SF — Square Feet F — Linear Feet

Mark Kulhul Inspector's Signature Belly Duspectors Title

Belly Openty

Agency

Inspection Dated

Pink - Assessor Blue - Inspector

Comments:

COUNTY COURT HOUSE — Phone 218-847-7721 — Detroit Lakes, Minn. 56501 Date_

APPLICATION FOR BUILDING OR SEWAGE PERMIT AND CERTIFICATE OF OCCUPANCY $I \cap I' \circ$ LEGAL DESCRIPTION AND LOCATION TWP Name Lake Name TWP Range Lake Classif. IDENTIFICATION: Please Print All Information Mailing Address- No. Street, City and State Zip No. Last Name Owner Contractor NON-RESIDENTIAL PROPOSED USE: TYPE OF IMPROVEMENT: RESIDENTIAL PROPOSED USE: () One Family Dwelling Specify: () New Building () Alteration () Multiple Dwelling Units Size: Construction Starting Date: **ESTIMATED COST OF IMPROVEMENT \$** PRINCIPAL TYPE OF FRAME: TYPE OF SEWAGE DISPOSAL: DIMENSIONS: Basement: () Yes () No () Masonry () Individual Septic Tank, etc. Stories above basement: () Wood Frame WATER SUPPLY: Sq. feet (outside dimension) () Structural Steel Bedrooms Baths () Other - Specify () Individual Well MECHANICAL EQUIPMENT : () Electric () Gas () Oil Type of Roof: Elevator: () Yes () No Air Conditioning: () Yes () No () Coal () None () Central Other: SEEPAGE PIT DRAIN FIELD SEWAGE DISPOSAL SYSTEM DATA: SEPTIC TANK Sq. Ft. Sq. Ft. Capacity Ft Ft. Ft. Distance from nearest well Ft. Distance from lake or stream Ft Ft. Ft Distance from occupied building Ft Distance from property line Ft. Ft. Ft. Ft. Distance from bottom to Water Table All distances are shortest distance between nearest points CHARACTERISTICS: Water frontage is feet. Lot Area is square feet. Building set back from high water mark is feet. (Building Line) Land height above high water mark at building line isfeet Building set back from State highway is feet - from road or street is feet. and feet. Rear yard is feet. Building will be located feet from septic tank (Sewage System Permit must be obtained before installation). Building will be located feet from soil absorption system (Cesspool, Drainfield, etc.). Agreement: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and Agreement: I nereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinances of Becker County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that this permit is valid for a period of six (6) months. Applicant further agrees that no part of the sewage 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 County Zoning Administrator, 48 hours before the job is ready for inspection. Dated Signature of Owner Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, and his agent, employees and workmen shall conform in all respects to the ordinances of Becker County, Minnesota. This permit may be revoked at any time upon violation of said ordinances. Becker County Zoning Administrator Permit Fee \$_ State Surcharge \$

