Yellow — Owner Pink — Assessor Blue — Inspector

COUN.



n. 56501 Date 9-8-75

29:14

APPLICATION FO ∴ OF OCCUPANO Lake Center LEGAL DESCRIPTION AND - Jahr Ereni LOCATION Lake Name Lake Classif. IDENTIFICATION: Please Print All Information Initial Mailing Address- No. Street, City and State Zip No. Tel. No. MRENEE FRAZ EE Owner Contractor ( e/f TYPE OF IMPROVEMENT: RESIDENTIAL PROPOSED USE: -NON-RESIDENTIAL PROPOSED USE: ( ) New Building ( ) Alteration 4~) One Family Dwelling Other ( ) Multiple Dwelling Units Size **ESTIMATED COST OF IMPROVEMENT \$** Construction Starting Date: PRINCIPAL TYPE OF FRAME: TYPE OF SEWAGE DISPOSAL: **DIMENSIONS:** ( ) Masonry ( ) Public Basement: ( ) Yes ( ) No ( ) Wood Frame ( ) Individual Septic Tank, etc. Stories above basement: ( ) Structural Steel WATER SUPPLY: Sq. feet (outside dimension) ..... ( ) Other - Specify ( ) Public Bedrooms ...... Baths ..... ( ) Individual Well MECHANICAL EQUIPMENT: HEATING: Type of Roof: Elevator: ( ) Yes ( ) No ( ) Electric ( ) Oil Air Conditioning: ( ) Yes ( ) No ( ) Coal ( ) Central ( ) Unit SEWAGE DISPOSAL SYSTEM DATA: SEPTIC TANK SEEPAGE # DRAIN FIELD Capacity **10** Sq. Ft Gls Sq. Ft. Distance from nearest well Ēt. 50 Ft Ft. Distance from lake or stream Ft. Ft. Ft. 20 Distance from occupied building Ft. Ft Ft. 20 Distance from property line Ft. Ft ۴t. Distance from bottom to Water Table ۴t. Ft Ft. All distances are shortest distance between nearest points CHARACTERISTICS: Lot Area is ..... Building set back from high water mark is ..... feet, (Building Line) Land height above high water mark at building line is ......feet Building set back from State highway is ...... feet. from road or street is ...... feet. Side yard is Over 10 and Over 10 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 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 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 \$ State Surcharge \$

Application	on for Bui	ilding Per	mit Dated		19			
pplication	on for Sev	vage Syst	em Permit Dated_	9	<u>-81</u>	971		
							Number	
			ot plan is a part of					
ated	9-	8_	19 <u>_7〔</u> .		Signati	aplace	w Vad	hals
l L	illin sk illasita				1000			The second secon
100 00000000000000000000000000000000000								
				,		1		
				resolved and some			A	
	N. The state of th				20 A C C C C C C C C C C C C C C C C C C			
	The state of the s			H.		to and the state of	The second secon	
Section 121 (121)					9×30	-27	o Paff.	
A THE STREET AND A				A				
	-1		A CONTRACTOR OF THE CONTRACTOR			Environ.		The state of the s
					M			
	an and a second of the second							12 1 2000
			well			m on so a company of the sound		18
use risa de sias en estados en es		A CALLAND	100 mm			\$ 40ess		
			1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					6
	a misera ana no ao estado de estado de entra	Jenus a de servicio		~ (	Lliver	lley	A marin Assessment Community and Community	
	Total and the second of the		Stall	7		Western Street	And the second s	1464
					Section Section Alberta		40	
	The state of the s						Sensor Section	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	rana mara sa birin 🕬						the second grown in the first second frame	
	in the same of the same of	July 1990				•		
	Same Description (1990)		SA HOU			v mil - v - jajok - makjus	and and the entire of the second seco	1
	44.000 mm. (110 mm)							and the state of t
		7 (10 m)	**************************************	<u> </u>				
			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			the control of the co		The second secon
	A Proposition of the Control	THE RESIDENCE OF THE PROPERTY		Canalanan baranan	46			the state of the s

W — File Y — Owner B — Building Inspector

dS

## BECKER COUNTY

Sewage Permit No. SP Ne

.Twp. Name. \_Range\_ **Location:** Lake No.\_

Work Authorized Issued

covered until it has been inspected and approved. Notify Zoning Administrator, (847-7721) office when job is ready NOTE: This card must be placed in a conspicuous place not more than 12 feet above grade on the premises on which work is to be done, and must be maintained there until completion of such work. No part of system shall be BECKER COUNTY, MINNESOTA

Becker County Zoning Administrator

for inspection.

**Board of County Commissioners** 

Yellow - Ov Pink - Asse Blue - Inspe	ector COUNTY CO	URT HOUSE — PH	none 218-847	7721 — Detroi	t Lakes, Minn, 56501	Date		
	APPLICATION FOR BU	ILDING OR SEW	AGE PER/	MIT AND CE	RTIFICATE OF OCC	CUPANC	Y	
LEGAL DESCRIPTION								
LOCATION								
IDENTIFIC	CATION: Please Print All Informati		e Classif.	Sec. TW	P Range	TWP Na	me	
	1		ailing Address-	No. Street, City	and State	Zip No.	Tel. No.	
Owner						Lip ivo.	101. 140,	
Contractor						-		
	Name			<u>.</u>				
TYPE OF IM	PROVEMENT: Building ( ) Alteration	RESIDENTIAL PR			NON-RESIDENTIAL PROPOSED USE:  Specify:			
Other		( ) Multiple Dw		Units	Size:			
STIMATED	COST OF IMPROVEMENT \$				L			
	TYPE OF FRAME:	TYPE OF SEWAGE		uction Starting Da	DIMENSIONS:			
( ) Mason ( ) Wood ( ) Struct ( ) Other	Frame ural Steel	( ) Public ( ) Individual Septic Tank, etc.  WATER SUPPLY: ( ) Public			Basement: ( ) Yes ( ) No Stories above basement:  Sq. feet (outside dimension)			
Type of Ro	pof:	( ) Individual V	JIPMENT :		HEATING:	Bat	hs	
		Elevator: ( ) Air Conditioning ( ) Centr	: ( ) Yes	No ( ) No Unit	( ) Electric ( ) ( ) Coal ( ) Other:	Gas ( None	) Oil	
	SEWAGE DISPOSAL SYST	EM DATA:		TIC TANK	SEEPAGE PIT	DRAIN	FIELD	
Capacity	·	in the	k	Gls.	Sq. Ft.		Sq. Ft.	
Distance	from nearest well	is chec		F.t.	Ft.		Ft.	
Distance	from lake or stream	le pur		Ft.	Ft.		Ft.	
Distance	from occupied building	Earn		Ft.	Ft.		Ft.	
Distance from property line				Ft.	Ft.	Ft.		
Distance from bottom to Water Table				Ft.	Ft.		Ft.	
HARACTER	4	ll distances are short	est distance b	netween nearest	points			
4.	is	square feet	Motor frontes	- :-				
	set back from high water mark is	·			feet.			
	ght above high water mark at building							
	set back from State highway is				roat ie			
	t is and					•		
	will be located feet	from sentic tent /Come	10 Suctom Dor:	t must be about	Indiana installer 1			

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 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\_

Comments:\_

Permit: Permission is hereby granted to the above named applicant to perform the work of condition that the person to whom it is granted, and his agent, employees and workmen sha This permit may be revoked at any time upon violation of said ordinances.	lescribed in the above statement. This permit is granted upon the express Il conform in all respects to the ordinances of Becker County, Minnesota.
Dated	
Permit Fee \$ State Surcharge \$	Becker County Zoning Administrator

Signature of Owner

## INSPECTOR'S CHECK LIST

Make all measurements and computations

	ACTUAL IS <b>↓</b>		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		Ft.		Ft.
Elevation at Building Line above High Water Mark		Ft.		Ft.

## SEWAGE DISPOSAL SYSTEM STATISTICS

	SEPTIC TANK				SEEPAGE PIT				DRAIN FIELD		
CATEGORY	Actual		Should b		Actua		Should be		Actual	Should	be
Capacity		Gls.		GIs.		SF		SF	SF		SF
Distance from Nearest Well		F		F		F	75	F	F	50	F
Distance from Lake or Stream		F		F		F		F	F		F
Distance from Occupied Building		F	10	F		F	20	F	F	20	F
Distance from Property Line		F	10	F		F	10	F	F	10	F
Distance from Bottom to Water Table		F		F		F	4	F	F	4	F

					<del> </del>	
Inspector	r's Comments:	ester ta	nh is	concrete	precent, 10	m gal a
sun is	ite clay soil	, explaines	o to (m	is Laison?) o	The cont	y not be
Paryer	enull Bean	d mar h	m z	le in the	in sy neg , on each stree hearly tor's Signature	it assume a
	SF — Square Feet F — Linear Feet	V	,	Hayd Conspec	tor's Signature	
			7	Zoring adm	usustate ,	
	Inspection Dated	- 6 19-	75 <u>8</u>	Berber Con	Agendy	