



St. Louis County, MN

PERMIT

Residential Construction Application

Subsurface Sewage Treatment System

Form

3000

Rev. 12-30-2025

This permit application form is used to apply for a Permit to Construct. Additional Information: www.stlouiscountymn.gov/septic.

PROPERTY IDENTIFICATION NUMBER (PIN) and SITE

Primary PIN																					Associated PIN																				
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PIN is found on your Property Tax Statement (E.g. 123-1234-12345), searching the County Land Explorer at <https://gis.stlouiscountymn.gov/landexplorer/>, or searching the Property Lookup at <http://apps.stlouiscountymn.gov/auditor/parcelInfo2005Iframe/>.

Site Address	City	Zip
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Check to request a 911 address number and sign. Visit <https://www.stlouiscountymn.gov/departments-a-z/sheriff/emergency/911-emergency#5143571-obtaining-a-911-address> for addressing information.

APPLICANT (Property Owner)

Name		Date	
Address	City	State	Zip
Email	Phone	Phone	

CONTACT (If Different than Applicant Above)

Name			
Email	Phone	Phone	

MAILING INFORMATION (If Different than Site Address)

<input type="checkbox"/> US Mail	Address	City	State	Zip
<input type="checkbox"/> Email	Email			

REASON FOR APPLICATION

<input type="checkbox"/> New SSTS	<input type="checkbox"/> Replacing the Existing SSTS Why	<input type="checkbox"/> Point of Sale Requirement
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SYSTEM TYPE (refer to design summary) and **PERMIT FEES**

Type I		Type II		Type III		Type IV		Type V	
<input type="checkbox"/> Non-Shoreland	\$340	<input type="checkbox"/> Holding Tank	\$285	<input type="checkbox"/> System	\$385	<input type="checkbox"/> System	\$440	<input type="checkbox"/> System	\$550
<input type="checkbox"/> Shoreland	\$595	<input type="checkbox"/> Privy/Outhouse	\$115	<input type="checkbox"/> Component Add/Replace	\$225	<input type="checkbox"/> Component Add/Replace	\$225	<input type="checkbox"/> Component Add/Replace	\$225
<input type="checkbox"/> Component Add/Replace	\$225	<input type="checkbox"/> Floodplain-Shoreland	\$345						
		<input type="checkbox"/> Component Add/Replace	\$225						

Please make checks payable to: St. Louis County Auditor

SITE INFORMATION (Check all that apply)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the SSTS within 1,000 feet of a lake or 300 feet of a river?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the property used year round?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the property part of a CIC (Common Interest Community)? If yes, include the Associated PIN on this Application.				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is this property serving multiple dwellings sharing a SSTS component?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is this leased property? If yes, you must obtain & attach the Lessor's written authorization for this project.				
Leased From		<input type="checkbox"/> MN Power	<input type="checkbox"/> St. Louis County	<input type="checkbox"/> MN DNR	<input type="checkbox"/> US Forest Service	<input type="checkbox"/> Other

WELL INFORMATION (Check all that apply)

Water Source	<input type="checkbox"/> Proposed Well	<input type="checkbox"/> Existing Well	<input type="checkbox"/> Hand Carried	<input type="checkbox"/> Surface/Lake Water	<input type="checkbox"/> Municipal
Well Type	<input type="checkbox"/> Drilled	<input type="checkbox"/> Sandpoint	<input type="checkbox"/> Dug	More than one well? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Well #		Well Depth Feet		Case Depth Feet	



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DESIGNER

Licensed Business Name

License #

Certification #

Designer's Comments *(To Onsite Wastewater Staff)*

STRUCTURE

Building Type and Water Uses Check all that apply		# of Bedrooms	Seasonal Use Only	Plumbing	Basement Plumbing	Garbage Disposal	Clothes Washer	Dishwasher	Water Conditioning Unit	Furnace w/Humidifier	Bathtub > 40 gal	Sewer Grinder Pump
<input type="checkbox"/> Dwelling	Home, mobile home, hunting shack, cabin, RV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Multi-Family	Multiple units		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Accessory Dwelling	Guest cottage, bunk house		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Accessory Structure	Garage, pole building, shed, sauna, gazebo screen-house		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other information to be considered for this application

AGREEMENT

By submitting this application, the entire contents of which are considered to be public data, I certify and agree that I am the owner or the authorized agent of the owner of the above property, and that all uses will conform to the provisions of St. Louis County. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, property surveys, site plans, building plans and other information before the application is accepted or approved. **Intentional or unintentional falsification of this application or any attachments thereto will make the application, any approval of the application and any resulting permit invalid.** I authorize St. Louis County staff to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I release St. Louis County and its employees from any and all liability and claims for damages to person or property in any manner or form that may arise from the approval of the application or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application.

CONTACT Planning and Zoning (Onsite Wastewater Division)

Duluth Office

Government Services Center
320 W 2nd Street, Suite 301
Duluth, MN 55802

Phone (218) 471-7103
Toll Free (800) 450-9777
www.stlouiscountymn.gov/septic

Virginia Office

Government Services Center
201 South 3rd Avenue West
Virginia, MN 55792

Phone (218) 471-7103
Toll Free (800) 450-9777
www.stlouiscountymn.gov/septic

OFFICE USE ONLY

Amount Paid	Paid by	Cash	Check #	Permit #
Revenue Code	Received By	<input type="checkbox"/> Mail <input type="checkbox"/> IP	Date RIO	