

MANHATTAN BEACH
SSTS APPLICATION

APPLICATION:

- A. Applicant shall complete the SSTS Application and submit to the Zoning Administrator.
- B. Applicant shall attach proposed SSTS design to completed application. Design shall be done by a licensed designer, shall be complete and shall be legible.
- C. If the City does not have a current license of the designer on file, a copy shall be submitted at the time of application.
- D. All applications must be submitted **14 days prior** to the proposed installation date.
- E. The SSTS fee shall be paid by the applicant at the time of application.

REVIEW:

- A. The Planning and Zoning Administrator shall review the application for completeness and assign a reference number to application, plans, and any other attachments.
- B. Applicant will be notified, in writing, where additional information is needed.
- C. The application will then be sent to the city SSTS inspector for review and final approval.

ACTION:

In order to obtain an SSTS permit, the following must happen:

- A. The Zoning Administrator must review and approve the completed application and ensure that the permit fee has been collected.
- B. The Zoning Administrator and SSTS Inspector must ensure that the proposed improvements meet the requirements of the Ordinance.
- C. The Zoning Administrator will assign the SSTS inspector to inspect the installation.

Note 1: The City Fee Schedule is based on the average processing and review costs for all applications. When costs exceed the original application fees, the applicant shall reimburse the City for any additional costs. Such expenses may include, but are not limited to, payroll, mailing costs, consultant fees and other professional services the City may need to obtain in reviewing permits. **Applicants will be charged an inspection fee for each on-site inspection visit by the City SSTS Inspector.** The City may withhold final action on any application and/or hold the release of such permits until all fees are paid.

Note 2: The City strives to process all applications as soon as they are received. To avoid delays, applicants should allow themselves as much time as possible between the time they submit their application and the time they wish to begin construction. Close coordination with the City during the project design phase and submittals that are complete and accurate will help applicants avoid delays.

Note 3: All SSTS installations must be inspected by a City appointed inspector. There shall be no exceptions. SSTS's that are not inspected shall be considered illegal and in violation of the Ordinance subject to enforcement action under the City Code.

Note 4:

- 1. A Land Use Permit for a new SSTS is valid for a period of no more than two years from its date of issue.
- 2. A Land Use Permit for the replacement of SSTS failing to protect groundwater is valid for 10 months from its date of issue.
- 3. A Land Use Permit for the replacement of SSTS that are imminent threats to public health is valid for 10 months from its date of issue.

REVISED: July 2018

MANHATTAN BEACH
SSTS (septic system) PERMIT APPLICATION

APP # _____
Date _____
Fee _____
Check# _____

Name of Applicant _____

Phone _____

Property Address (E911#) _____

Mailing Address _____

City, State, Zip _____ Email _____

Applicant is:

Title Holder of Property: *(if not applicant)*

Legal Owner () _____

Contract Buyer () _____

Option Holder () _____

Agent () _____

Other _____

(Name)

(Address)

(City, State, Zip)

Property Parcel ID (15 Digit # on Tax Statement) _____

Property Legal Description _____

Proposed Installation Date _____

Installer Name and License # _____

(if unknown at this time, leave blank and inform the city prior to install)

Note: Applicant will be charged the full inspection fee for each site visit made by the City to inspect the installation.

Signature of Owner, authorizing application (required): _____

(By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant (if different than owner): _____

(By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Approved by the Zoning Administrator: _____ Date: _____

CHECKLIST

- _____ Completed application, including signature of property owner
- _____ Design Attached or submitted to City already
- _____ Name and Designer's License #
- _____ Fee
- _____ Installation Date

CONTACT INFORMATION

Planning and Zoning
Administrator:

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