



BASEMENT FINISH APPLICATION

Planning and Zoning Administration | 13880 Business Center Drive Elk River, MN 55330

Office: 763-765-4450 | zoning@co.sherburne.mn.us

Contractor Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Contractor License # _____

Property Owner Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Parcel ID Number: _____ Lot Area (acres): _____

Address where work will be performed: _____

Describe Project: _____

Type of Septic System: Individual Sewage Treatment System (ISTS) Community

Date of Last Septic Action (if ISTS): _____ Install Upgrade Compliance Inspection

THE FOLLOWING ITEMS MUST BE SUPPLIED WITH APPLICATION

- Proof of property ownership
- Septic compliance inspection if the septic has not been inspected or upgraded within the last 10 years
- Legible dimensioned plans drawn to scale in PDF format **OR** on suitable material

AGREEMENT: I hereby certify that the information herein is correct and agree to do the proposed work in accordance with the submitted documents, provisions of the Sherburne County Ordinance, and the Minnesota State Building Code. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that by applying for this permit, I grant the zoning authority access to the above property for inspections throughout the application and permitting process.

Signature of Owner: _____ Date: _____

Printed Name of Owner: _____

Signature of Contractor: _____ Date: _____

Printed Name of Contractor: _____