



Subsurface Sewage Treatment System Permit Form

Form must be submitted as part of the permit application on the portal: <https://cv.ighmn.gov/CityViewPortal>

Property Information

Site Address _____ Owner's Name(s) _____

Installer Information

Business Name _____ License No. _____

Certified Installer's Name _____ Certification No. _____

Phone No. _____ Email _____

System Designer Information

Business Name _____ License No. _____

Certified Designer's Name _____ Certification No. _____

Phone No. _____ Email _____

Class of Work

- New Replacement* Alteration/Extension
 Repair Demolition/Abandonment* Other _____

*If replacement or demolition/abandonment, describe how current system will be disposed of in Scope of Work below.

System Description

- Type I Type II Type III Type IV Type V MSTs

Facility Served Single Family Dwelling Other _____

Design Flow GPD _____ Number of Tanks _____

Scope of Work

Description:

Acknowledgment

I acknowledge that this application is complete and accurate, that the work will be in conformance with Local and State Codes, and that work will not start until this permit has been reviewed and approved. I understand that answering 'Yes' will be treated in the same manner as a handwritten signature, for the purpose of validity, enforcement, and admissibility. Check the box if you agree: Yes

Applicant Name _____ Date _____