

**CROW WING TOWNSHIP**  
**ISTS APPLICATION**

**APPLICATION:**

- A. Applicant shall complete the ISTS Application and submit to the Zoning Administrator.
- B. Applicant shall attach proposed ISTS design to completed application. Design shall be done by a licensed designer, shall be complete and shall be legible.
- C. If the Township 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 ISTS 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.

**ACTION:**

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

- A. The Zoning Administrator must review and approve the completed application.
- B. The Zoning Administrator must ensure that the proposed improvements meet the requirements of the Ordinance.
- C. The Zoning Clerk must ensure that the permit fee has been collected.
- D. Based on the date indicated on the application, the Zoning Clerk will assign a field inspector to inspect the installation.

Note 1: The Township 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 Township for any additional costs. Such expenses may include, but are not limited to, payroll, mailing costs, consultant fees and other professional services the Township may need to obtain in reviewing permits. **Applicants will be charged an inspection fee for each on-site inspection visit.** The Township may withhold final action on any application and/or hold the release of such permits until all fees are paid.

Note 2: The Township 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 Township during the project design phase and submittals that are complete and accurate will help applicants avoid delays.

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

APP # _____
Date _____
Fee _____
(for office use only)

**CROW WING TOWNSHIP  
ISTS PERMIT APPLICATION**

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Property Address (E911#) \_\_\_\_\_ Local Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Applicant is: \_\_\_\_\_ Title Holder of Property: *(if not applicant)*

Legal Owner	( )	_____
Contract Buyer	( )	(Name)
Option Holder	( )	_____
Agent	( )	(Address)
Other _____		_____
		(City, State, Zip)

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.)

Driving directions from Town Hall to the property involved in this request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_ Property Parcel ID (8 Digit # on Tax Statement) \_\_\_\_\_

Proposed Installation Date (required) \_\_\_\_\_

Installer Name and License # \_\_\_\_\_

**Note: Applicant must provide a *proposed installation date*. Installer may vary from stated installation date, with cause, as long as the Township is notified *48 hours in advance*. Applicant will be charged the full inspection fee for each site visit made by the Township to inspect the installation.**

Approved by the Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST

- \_\_\_\_\_ Completed application, including signature of property owner
- \_\_\_\_\_ Design
- \_\_\_\_\_ Name and Designer's License #
- \_\_\_\_\_ Fee
- \_\_\_\_\_ Installation Date (required)

## CONTACT INFORMATION

Community Development  
Administrator:

Amanda Peterson  
Sourcewell  
202 12<sup>th</sup> St NE  
PO Box 219  
Staples, MN 56479

Phone: (218) 895-4138  
[amanda.peterson@sourcewell-mn.gov](mailto:amanda.peterson@sourcewell-mn.gov)

Private Sewer System  
Inspector:

Maschler Septic Consultants  
Lou Ann Maschler  
16333 County Road 142  
Brainerd, MN 56401  
218-839-3042