City of Bismarck Community Development Department
Building Inspection Division
221 North 5th St. * PO Box 5503
Bismarck, ND 58506-5503 * www.bismarcknd.gov
Phone: 701-355-1465 * Fax 701-258-2073 Email: buildinginspections@bismarcknd.gov

Received: _____

PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION

1. PROJECT INFORMATION

Project Title:

Address:

Legal Description:

Owner of Property:

☐ Property located in Floodplain, if yes check box

2. CONTRACTOR INFORMATION

Company:

Name of Job site Supervisor:

Phone Number:	Email:

ND Contractor License Number:

3. PROJECT DESCRIPTION

Type of Structure	☐ Single Family	☐ Multi- Family	☐ Detached Accessory	☐ Commercial
Classification of Work	☐ New	☐ Addition	☐ Repair	☐ Evaluation

Number of Bedrooms (include proposed)	Tank Size/Working Capacity
Trench Depth:	Trench Width
Total Trench Length:	Trench Material

4. SUBMITTAL REQUIREMENTS

☐ Results of a soil investigation performed by a Registered Soil Classifier or Certified Soil Testing Agency.

☐ A detailed site plan identifying: Location of property lines, easements, structures, septic tank, drain field, well, utilities, significant topographical features, setbacks from the septic system and these items, and location of the soil investigation.

☐ Details on the design of the system in accordance with the Option 1 requirements

☐ Details on the design of the system in accordance with the Option 2 requirements

A member of the Building Inspections Division will notify you when the permit has been created. Any information that the applicant has set forth in this application that is false or misleading may result in the rejection of the application. A condition for the issuance of this permit is that the proposed construction will comply at all times with the plans as approved by all applicable government agencies.

I hereby declare and affirm that all matters and facts set forth in this application are true and correct to the best of my knowledge, information and beliefs.

_____ Signature

_____ Date