

SEPTIC COMPLIANCE AND/OR INSPECTION WAIVER FORM



PROPERTY OWNER INFORMATION

PROPERTY OWNER: _____

PHONE NUMBER: _____

SITE ADDRESS: _____

MAILING ADDRESS (if different from above): _____

In accordance with Article of the City of Crosslake Land Use Ordinance, the above-named property owner hereby agrees to have a compliant septic system installed or an Individual Sewage Treatment System (ISTS) compliance inspection completed before July 1, 2025 for the parcel of property in the City of Crosslake, Minnesota, described below:

Section _____ Township 137 Range _____

LEGAL DESCRIPTION _____

PARCEL NUMBER(S) _____

I hereby swear and affirm that the above information is true and correct.

Property Owner's Signature

Date