



16319 Kettle River Blvd. Columbus, MN 55025  
Phone 651-464-3120

PERMIT NUMBER \_\_\_\_\_

**PERMIT APPLICATION FOR RESIDENTIAL SEWER CONNECTION**

JOB ADDRESS \_\_\_\_\_

Legal Description \_\_\_\_\_

Owner's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Sewer Contractor \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Address \_\_\_\_\_

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

E-mail Address \_\_\_\_\_ Plumbers/Pipefitters Lic. No. \_\_\_\_\_

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HERIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Permit	\$ <u>75.00</u>
SAC charge	\$ _____ (1-SAC unit)
Local SAC	\$ _____ (see fee schedule)
Other	\$ _____

TOTAL AMOUNT DUE \$ \_\_\_\_\_ DATE PAID \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

CHECK # \_\_\_\_\_ ACCOUNT HOLDER \_\_\_\_\_

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_