



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

PERMIT NUMBER _____

PERMIT APPLICATION FOR COMMERCIAL 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>100.00</u>
SAC charge	\$ _____ (Metropolitan Council to determine)
Local SAC	\$ _____ (see fee schedule)
City Engineer	\$ _____ (plan review)
Other	\$ _____

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

CHECK # _____ ACCOUNT HOLDER _____

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____

BUILDING OFFICIAL _____ DATE _____