

BUILDING OFFICIAL OR AUTHORIZED AGENT\_\_\_\_\_

## COMMERCIAL WATER CONNECTION PERMIT APPLICATION

PERMIT NUMBER

| DATE RECEIVED |               |
|---------------|---------------|
|               | DATE RECEIVED |

DATE \_\_\_\_\_

| Phone: 651-464-3120  |  |   | <u></u>                                  |  |  |
|--|--|---|--|--|--|
| Site Address   |  | PII   | )  |  |  |
| Owner's Name   |  | Telephone   |  |  |  |
| Contractor   |  | Telephone   |  |  |  |
| Address  |  | City  |  |  |  |
| State  |  | Zip   |  |  |  |
| E-mail Address   |  | Plumbers/Pipefitters Lic. No.   |  |  |  |
| Water Connection Size  |  | Type of Pipe  |  |  |  |
| Connection Type  |  |   |  |  |  |
| Area to be disturbed:  |  |   |  |  |  |
|  | To be completed on or before   |   |  |  |  |
| Method of Installation or construc   | tion (including r  | nethod of excavation  | on and compaction):                      |  |  |
|  | 4 D D I T I O M A  | L REQUIREMENTS  |  |  |  |
| length/size/type, open cut or direction  Potable Service Line Inspection  1. Sanitize water line (no bact 2. Water or Air Pressure Test a. MUST USE READABLE (b. MUST PROVIDE 24 HOLD c. When test is STABLE (h. Supply As-Built drawing after co. Apply for a separate Plumbing pare required and provided in the CO. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CO. ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS. | requirements: requirements: reria test require (150PSI with notate of the content | ed).  more than 5psi dies increments)  YOU WILL BE ONS  Public Works at 6  installation and was  RIZED IS NOT COMMENCED WERE IN HEREBY CERTIFY THAT  VERNING THIS TYPE OF WOR | SITE – Call Public Works at 651-775-0548 |  |  |
|  | THE PERFC  | PRMANCE OF CONSTRUCTION   |  |  |  |
| SIGNATURE OF CONTRACTOR OR AUT   | HORIZED AGENT  |   |  |  |  |
| PRINT NAME   |  |   | Charle #                                 |  |  |
| Permit Fee:<br>WAC Charge:   | \$   | (see fee schedule) (see fee schedule)   | Check #: Acct Holder:                    |  |  |
| Other:   | \$   | (See lee schedule)  | Date Paid:                               |  |  |
| Total Amount Due:  | •  |   | Receipt #:                               |  |  |