



Rural Nature. Urban Access.

16319 Kettle River Blvd. Columbus, MN 55025

Phone: 651-464-3120

# RESIDENTIAL SEWER CONNECTION PERMIT APPLICATION

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

DATE RECEIVED \_\_\_\_\_

Site Address \_\_\_\_\_ PID \_\_\_\_\_

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

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

Address \_\_\_\_\_ City \_\_\_\_\_

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

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

Sewer Connection Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_

Connection Type \_\_\_\_\_

Area to be disturbed: \_\_\_\_\_

Work to start on \_\_\_\_\_ To be completed on or before \_\_\_\_\_

Method of Installation or construction (including method of excavation and compaction): \_\_\_\_\_

### ADDITIONAL REQUIREMENTS

- Provide detailed site drawing, including scaled area map showing proposed location of lines or equipment to be constructed. Show the proposed location of utilities being installed and nature of work (utility type, material length/size/type, open cut or directionally drilled).
- Apply for separate Plumbing permit for inside installation
- Inspection requirement: 5PSI Test on Sewer – Schedule with Public Works 651-775-0548
- Supply As-Built drawing after construction

*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.*

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

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

Permit Fee: \$ _____	(see fee schedule)	Check #: _____
SAC Charge (1 SAC Unit): \$ _____	(see fee schedule)	Acct Holder: _____
Other: \$ _____		Date Paid: _____
Total Amount Due: \$ _____		Receipt #: _____

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