

# Sewer & Water Permit Application



8080 Mitchell Road, Eden Prairie, MN 55344-2230  
 Building Department (952) 949-8342

**INSPECTIONS ONLY (952) 949-8341**

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

<b>Site Address</b>	_____ Suite # _____
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**Applicant:** Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Title: \_\_\_\_\_

<b>Owner/ Tenant</b>	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____
<b>Contractor</b>	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____ Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____

<b>Sewer &amp; Water Permit Type:</b> (Choose One _)	<input type="checkbox"/> - Sewer & Water <input type="checkbox"/> - Sewer <input type="checkbox"/> - Water <input type="checkbox"/> - Sewer, Water & Storm (Commercial) <input type="checkbox"/> - Sewer/Water complete <input type="checkbox"/> - Inside Water (Meters)
<b>Work Type:</b> (Choose One _)	<input type="checkbox"/> - New <input type="checkbox"/> - Repair <input type="checkbox"/> - Remodel/Alt <input type="checkbox"/> - Disconnect
<b>Office Use Required Inspections</b>	<input type="checkbox"/> - Rough-In Visual <input type="checkbox"/> - Final <input type="checkbox"/> - Meter <input type="checkbox"/> - Air Test

<b>Office Use</b>	<input type="checkbox"/> SAC <input type="checkbox"/> WAC: Res. _____ Units <input type="checkbox"/> City Sewer: Res. _____ Units <input type="checkbox"/> WAC: Multi. _____ Units <input type="checkbox"/> City Sewer Multi. _____ Units
<b>Other Fees:</b>	<input type="checkbox"/> WAC: Ind/Off. _____ Units <input type="checkbox"/> City Sewer Ind/Off. _____ Units <input type="checkbox"/> WAC: Com. _____ Units <input type="checkbox"/> City Sewer: Com. _____ Units

**RPZ Valve** \_\_\_\_\_

**Meter:** Size \_\_\_\_\_ Serial Nbr. \_\_\_\_\_ Reg. Nbr. \_\_\_\_\_ Material \_\_\_\_\_

**SEWER (100FT)** \_\_\_\_\_ @ **40.00**      \$ \_\_\_\_\_

**WATER (100FT)** \_\_\_\_\_ @ **40.00**      \$ \_\_\_\_\_

**STORM (100FT)** \_\_\_\_\_ @ **40.00**      \$ \_\_\_\_\_

(OVER)

**DESCRIPTION OF WORK:** \_\_\_\_\_

Estimated Value of Work \$ \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

STATE SUR-CHG \_\_\_\_\_ \$1.00 \_\_\_\_\_

PERMIT TOTAL: \$ \_\_\_\_\_

**Make Check Payable to: City of Eden Prairie**

When you pay by check, the City of Eden Prairie will present the check for payment to your bank electronically. Your original check will be destroyed once processed and you will not receive your cancelled check back.

**This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.**

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Eden Prairie to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Eden Prairie and the state of Minnesota.

\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature Date

Permit Approved by:

Date Approved:

\_\_\_\_\_

\_\_\_\_\_

Revised: (12/31/2015)