

Sewer and Water Permit Application

8080 Mitchell Road, Eden Prairie, MN 55344-2230
 Building Inspections Division 952-949-8342

INSPECTIONS ONLY: 952-949-8341



Date _____ Permit # _____

Site Address _____	_____ Suite # _____
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Applicant: Owner _____ Contractor _____ Title: _____

Owner/ Tenant	Name/Company _____ Phone # _____ Address _____ City _____ State _____ Zip _____
Contractor	Company _____ Phone # _____ Contractor License # _____ Expiration Date _____ Contact Person (Print) _____ Phone # _____ Address _____ City _____ State _____ Zip _____

Sewer & Water Permit Type: (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)
Work Type: (Choose One)	<input type="checkbox"/> - New <input type="checkbox"/> - Repair <input type="checkbox"/> - Remodel/Alt <input type="checkbox"/> - Disconnect
Office Use Required Inspections	<input type="checkbox"/> - Rough-In Visual <input type="checkbox"/> - Final <input type="checkbox"/> - Meter <input type="checkbox"/> - Air Test

Office Use	<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
Other Fees:	<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 "REPAIR ONLY" (Length of Run) _____ @ \$50 \$ _____

WATER "REPAIR ONLY" (Length of Run) _____ @ \$50 \$ _____

SEWER (100FT) _____ @ \$50 \$ _____

WATER (100FT) _____ @ \$50 \$ _____

STORM (100FT) _____ @ \$50 \$ _____

(OVER)

DESCRIPTION OF WORK: _____

Estimated Value of Work \$ _____

PERMIT FEE \$ _____

STATE SURCHARGE _____ \$1__

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: (12/31/2021)