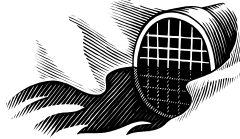




4141 Douglas Drive North
 Crystal, MN 55422
 Phone: (763) 531-1000
 Fax: (763) 531-1188
 Website: www.crystalmn.gov



Application for Sewer/Water/Storm Permit

Date _____ Permit No. _____ Rec'd By/Date _____

Site Address	_____
Tenant/Bldg Name	_____

Applicant: Owner _____ Contractor _____

Property Owner	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____ Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____

Sewer & Water Permit Type:	<input type="checkbox"/> 01 - Water <input type="checkbox"/> 02 - Sewer <input type="checkbox"/> 03 - Sewer & Water <input type="checkbox"/> 04 - Storm Sewer
Work Type:	<input type="checkbox"/> 01 - New <input type="checkbox"/> 04 - Repair <input type="checkbox"/> 10 - Disconnect
Office Use Required Inspections	<input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 15 - Final

Water:	Pipe Size _____	Pipe Material _____
	Meter Size _____	Meter Nbr _____ Remote Nbr _____
Sanitary Sewer:	Pipe Size _____	Pipe Material _____
Storm Sewer:	Pipe Size _____	Pipe Material _____
	Connection To City System:	<input type="checkbox"/> Manhole <input type="checkbox"/> Catchbasin <input type="checkbox"/> Pipe
	Manholes Installed _____	Catchbasins Installed _____

Type of Use: Single Family
 Multi-Family
 Commercial
 Industrial

* * * * (Over) * * * *

Estimated Value of Work \$ _____

Office Use Only	
Permit Fee	\$ _____
State Surcharge Fee	\$ _____
Meter Fee	\$ _____
Remote Fee	\$ _____
Horn Fee	\$ _____
Sales Tax	\$ _____
Other	\$ _____
Total Fees	\$ _____

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 certifies upon all of the penalties of the law, for the purpose of including the City of Crystal to take the action herein requested, that all statements on this application have been read and examined and are true and correct, and that all work whether specified herein or not will be done in accordance with the ordinances of the City of Crystal and the laws of the State of Minnesota.

_____/_____
Applicant's Signature/Date

Permit Approved By:

Date Approved:
