



4141 Douglas Drive North
 Crystal, MN 55422
 Phone: (763) 531-1166
publicworks@crystalmn.gov
 Website: www.crystalmn.gov

Application for Sewer 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. _____ PC # _____ or PIPELAYER # _____ (REQUIRED INFORMATION) Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____

Pre-TV of Service Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Type:	01 - New <input type="checkbox"/> Repair <input type="checkbox"/> Lining <input type="checkbox"/> 10 - Disconnect If CIPP, last joint must be covered.
Method:	<input type="checkbox"/> Open Trench <input type="checkbox"/> Lining
Working in Right-Of-Way:	<input type="checkbox"/> - No <input type="checkbox"/> - YES (Additional Public Works permit is required)
Office Use Required Inspections	<input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 15 - Final <input type="checkbox"/> Pressure Test

Sanitary Sewer: Pipe Size _____ Pipe Material (Note ASTM) _____

Clean-Out Location (if applicable): _____

Type of Use: Single Family Multi-Family Commercial Industrial

Estimated Value of Work \$ _____

Required Plan Review Submittal (**REQUIRED FOR ALL SEWER WORK**):

_____ Complete Permit Application (owner's name, address, email address, phone number; signature; intake date/initials)

_____ Two Site Plans Drawn To Scale With Materials Noted

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:
