

City of Farmington

430 Third St., Farmington , MN 55024
651-280-6840 651-280-6840



Application for Sewer & Water Permit

Date _____

Permit No. _____

Site Address	_____
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Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
	Email Address _____
Contractor	Company _____ Phone No. _____
	Contractor License No.: _____ Expiration Date _____
	Contact Person (Print) _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
	Email Address _____

Sewer & Water Permit Type:	<input type="checkbox"/> 25 - Sewer & Water	<input type="checkbox"/> 26 - Sewer	<input type="checkbox"/> 27 - Water
Work Type:	<input type="checkbox"/> 80 - New	<input type="checkbox"/> 81 - Remodel/Alt.	<input type="checkbox"/> 83 - Repair
Office Use Required Inspections	<input type="checkbox"/> 11 - Visual	<input type="checkbox"/> 13 - Meter	<input type="checkbox"/> 98 - Other

RPZ Valve _____ Size of Meter _____ Pipe Size _____ Pipe Material _____

Inspections: Water \$ _____ Sewer \$ _____ Meter/Horn \$ _____ Total \$ _____

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 Farmington 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 Farmington and the State of Minnesota.

_____/_____
Applicant's Signature/Date