



SEWER & WATER HOOK-UP/REPAIR Permit Application

Office Use Only

Notes - Scan

Permit Total:
\$ _____

City of Elk River

Fire and Building Safety Division

13065 Orono Parkway NW • Elk River, MN 55330

763.635.1060 • Fax: 763.635.1090

E-mail: ERFD.FABS@ElkRiverMN.gov

Date: _____

Permit #: _____

Site Address: _____ **PID #** _____

Type of work (check all that apply):

Sewer: New Repair Materials Used _____

Water: New Repair Materials Used _____

Storm: New Repair Materials Used _____

The Applicant Is: Owner Contractor Other _____

Property Owner:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Contractor:

Name _____ License/Bond _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Call for credit card payment

▪ If different than above, please note: Phone: _____

Email permit / receipt

▪ If different than above, please note: Email : _____

• PLEASE COMPLETE OTHER SIDE OF APPLICATION •

Inspector Use Only

Approved by: _____ Date: _____ Hard Card or Soft Card - Soft card reference permit # _____

Called or L/M Date: _____ Int. _____

Detailed description of work:

Will work be done in the public right-of-way? Yes No

The applicant agrees to replace all materials and street surfacing according to the specifications and under the supervision of the Street Superintendent of the City of Elk River. Applicant must also call for appropriate inspections.

Note: Unused septic tanks, cesspools, leaching pits and similar devices and structures shall be backfilled or made safe and useable in a manner acceptable to the City of Elk River.

Total Job Valuation \$ _____

----- **This is an application for a permit – It is not valid until processed** -----

I hereby apply for a Sewer & Water Hook-up/Repair permit, and I acknowledge that the information above is complete and accurate; that I understand this is not a permit and work is not to start without a permit.

I understand and hereby agree that the work for which the permit issued shall be performed according to; (1) the conditions of the permit; (2) the approved plans and specifications; (3) the applicable city approvals, ordinances, and codes; and, (4) the state building/mechanical codes and regulations.

I understand that the permit will expire, and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days any time after work has commenced; and, that I am responsible for ensuring that all required inspections are requested in conformance with the state building code.

Permit will not be final until ASBUILT is completed and received.

Name of Applicant (print or type) _____

Signature of Applicant _____ **Date** _____



Asbuilt Drawing for Sewer/Water or Septic

**13065 Orono Pkwy. NW
Elk River, MN 55330
763.635.1060**


Address of job _____ Contractor Company _____

Phone _____ New Work Replacement/Repair

Signature of Contractor _____ Date _____

Septic: Show location of house, tank, drainfield, property line and well

Sewer/Water: Show location of house, street, property line, water & sewer lines with measurements for clean-outs and curb stop location and fittings 45°, 22°, wyes from corner of garage and/or house.



Sewer/Water

Sewer pipe material	
Water pipe material	
Sewer pipe size	
Water pipe size	

Inspector _____ Date _____

Septic

Tank size	
Tank size	
Square footage of drainfield area	
Depth of rock under pipe	
Depth of rock over pipe	
Graveless	
Depth of dirt cover	
Number of bedrooms	