



City of New Brighton
Outside Sewer & Water

803 Old Highway 8 NW, New Brighton, MN 55112
 Office: 651.638.2050 / Email: permits@newbrightonmn.gov

Permit # _____

****PUBLIC WORKS REQUIRED TO DO SITE INSPECTION OF UTILITIES PRIOR TO REPAIR/DISCONNECTION****

DATE OF APPLICATION: _____

CONSTRUCTION START DATE: _____

JOB INFORMATION	EXCAVATOR INFORMATION
Job Address:	Name:
Owner Name:	Address:
Address:	Phone:
PROPERTY TYPE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	City License#:
	Email:
	CONSTRUCTION TYPE
SEWER: If an existing sewer service is to be re-used as part of a new building, the service stub from the main to the property line shall be televised and found to be in sound condition. A new sewer service is required to be installed from the transition joint at or near the property line into the building. WATER: If an existing water service is to be re-used as part of a new building, a new curb stop and water line into the building is required.	<input type="checkbox"/> Repair
	<input type="checkbox"/> New
	DESCRIPTION OF WORK TO BE DONE (LINEAL FOOTAGE, TO MAIN/WYE):
REPAIRS AND DISCONNECTS FEES:	NEW WATER/SEWER CONNECTION FEES:
<input type="checkbox"/> SEWER REPAIRS: (\$75.00) \$ _____ <input type="checkbox"/> SEWER DISCONNECT: (\$75.00) \$ _____ <input type="checkbox"/> WATER REPAIRS: (\$75.00) \$ _____ <input type="checkbox"/> WATER DISCONNECT: (\$75.00) \$ _____ ADMINISTRATIVE FEE: \$ <u>15.00</u> STATE SURCHARGE: \$ <u>1.00</u> TOTAL: \$ _____	<input type="checkbox"/> NEW WATER CONNECTION: (\$545 + MCES FEE) <input type="checkbox"/> NEW SEWER CONNECTION: (\$185 + MCES FEE) ADMINISTRATIVE FEE: \$ <u>15.00</u> STATE SURCHARGE: \$ <u>1.00</u> TOTAL: \$ _____

NOTE: IF AN EXCAVATION IN THE STREET IS NECESSARY, PLEASE CONTACT PUBLIC WORKS TO MARK AND SAWCUT THE LOCATION OF THE STREET REPAIR. The City shall pay for the extraordinary cost for repairs made on the "City-Installed Portion" of water or sewer service where conditions such as main depth, distance to the main or location in a major roadway make the repair cost unusually expensive. The City will either pay for the replacement of the street, curb and gutter or make the repairs themselves at no direct cost to the property owner. If the repair is located beneath a driveway, the property owner will be responsible for all associated driveway repair costs unless the repair extends into the street. In this case, the cost of the repair will be as determined by the City Engineer.

INSPECTIONS ARE PERFORMED: 7:30 AM - 2:30 PM, MONDAY - FRIDAY.
FOR INSPECTION CALL: WATER: (651) 755-0689 - SEWER: (651) 796-8103.
IF NO ANSWER AT BOTH NUMBERS CALL: (651) 638-2111.
TWO HOUR NOTICE REQUIRED FOR INSPECTIONS.

OUTSIDE SEWER AND WATER PERMIT

ADDRESS:		
SEWER: <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Demolition		
Pipe size:	Type of Pipe:	Wye Location:
Comments:		
Inspected by:		Date:
WATER: <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Demolition		
Pipe size:	Type of Pipe:	Wye Location:
No. & Size of Taps:	Size & Type of Valve:	
Comments:		
Inspected by:		Date:

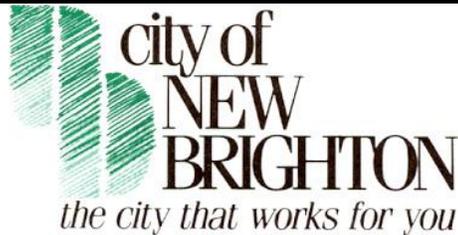
SKETCH: (following installation/repair)**

****When plans are submitted for a Building Permit, no sketch is required.**

APPLICANTS SIGNATURE: _____ **DATE:** _____

When signed and dated by an Authorized City Representative, this form becomes your "PERMIT". When your project is finished, return a copy of this permit to the above address, or call the permit office.

<u>OFFICIAL CITY USE ONLY</u>	
APPROVED BY: _____	DATE: _____
Comments/Special Conditions of this Permit: _____	



**CREDIT CARD
AUTHORIZATION FORM**
(to be mailed or delivered
in person - do not email)

Job Site Address: _____

Cardholder/Company Name: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover

Credit Card #: _____

Expiration Date: _____

3-Digit Code (CSC): _____

Amount to Charge: \$ _____

I authorize the **City of New Brighton** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for the purchase in accordance with the issuing banks cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

This form will be destroyed immediately following payment processing.
****Be advised that email is not a secure transmission.****