



**City of New Brighton**  
**Sump Pump Permit Application**  
 (Sump Pump Disconnection from Sanitary Sewer System)

Please mail or bring completed permit form to City Hall: **City of New Brighton,**  
**803 Old Highway 8 NW,**  
**New Brighton, MN 55112**      **651-638-2050**  
[www.newbrightonmn.gov/sump](http://www.newbrightonmn.gov/sump)    **651-638-2044 (fax)**

Job Site Address: \_\_\_\_\_

Project Valuation: \$   N/A        The Applicant is:     Owner and Occupant     Contractor

**Property Owner**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (     ) \_\_\_\_\_

**Contractor**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (     ) \_\_\_\_\_ License # \_\_\_\_\_

Property Use	Type of Structure	Type of Work	FEES
<input checked="" type="checkbox"/> <b>Residential</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Public	<input checked="" type="checkbox"/> <b>Principal Bldg</b> <input type="checkbox"/> Garage <input type="checkbox"/> Temporary Bldg <input type="checkbox"/> Accessory Bldg <input type="checkbox"/> Pool/ Spa <input type="checkbox"/> Other _____	<input type="checkbox"/> New Bldg <input type="checkbox"/> Existing Bldg <input type="checkbox"/> Addition <input checked="" type="checkbox"/> <b>Remodel</b> <input type="checkbox"/> Repair / Replace <input type="checkbox"/> R.P.Z. Overhaul/ Replacement	Permit Fee: <u>-0-</u> Admin Fee: <u>-0-</u> Plan Review Fee: <u>-0-</u> Other: _____ State Surcharge: <u>-0-</u> Investigation Fee: <u>-0-</u> <b>TOTAL DUE: <u>WAIVED</u></b>

**Plumbing Item(s) (indicate quantity for each)**

___ Bathtub w/out Shower	___ Floor Drain	___ Sewage Ejector	___ Water Pipe
___ Coffeemaker	___ Garbage Disposal	___ Shower	___ Water Softener
___ Dishwasher	___ Grease Interceptor	___ Sillcock / Hose Bib	___ Whirlpool
___ Drinking Fountain	___ Ice Maker	___ Sink - Bar	<input checked="" type="checkbox"/> <b>Other</b>

**Specific Description of Work to be Completed**

*Disconnect existing sump pump from the municipal sanitary sewer system.*

Permit will become void 180 day from date of issuance. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of New Brighton regulating building construction.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Permit # _____	<i>For Office Use Only</i>	Entered _____	Approved _____
Project # _____	Issued _____		