



City of New Brighton
 SUMP PUMP PERMIT APPLICATION
 Please email materials to permits@newbrightonmn.gov

JOB SITE ADDRESS:
APPLICANT IS: <input type="checkbox"/> OWNER AND OCCUPANT <input type="checkbox"/> CONTRACTOR
TOTAL PROJECT VALUATION: \$ _____

PROPERTY OWNER:	PHONE:
ADDRESS:	CITY/STATE/ZIP:

CONTRACTOR:	PHONE:
ADDRESS:	CITY/STATE/ZIP:
EMAIL:	LICENSE #:

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.	Fees
	Permit Fee: _____
	Admin Fee: _____
	State Surcharge: _____
	Other: _____
	Total Due: _____ WAIVED

SPECIFIC DESCRIPTION OF WORK TO BE COMPLETED
<i>DISCONNECT EXISTING SUMP PUMP FROM THE MUNICIPAL SANITARY SEWER SYSTEM.</i>

Applicant's Signature:	Date:		
<i>FOR OFFICE USE ONLY</i>			
PERMIT #:	ENTERED:	APPROVED:	ISSUED: