



City of Maple Plain
5050 Independence St
P.O. Box 97
Maple Plain, MN 55359
Office: (763) 479-0515
Fax: (763) 479-0519

WATER & SEWER PERMIT

APPLICANT INFORMATION

Applicant Name	Company, if applicable
Address	Phone Number
City, State, Zip	Email
Are you the owner of the property? <input type="checkbox"/> Yes. <input type="checkbox"/> No. (If not, property owner information is required.)	

Contractor	License Number
Address	Phone Number
City, State, Zip	Email

Contractor 24-Hour Contact	
Name	Cell Phone

PROJECT INFORMATION

Site Address or Property Identification Number	Feet from foundation To
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Project Description (Check all that apply.)				
Type of Work	Nature of Work	Type of material	Disturbance Amount	Total Area
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Water <input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Disconnect <input type="checkbox"/> Reconnection	<input type="checkbox"/> Pipe Type <input type="checkbox"/> Size <input type="checkbox"/> Disturbed (Grading only)	<input type="checkbox"/> Removed <input type="checkbox"/> Deposited <input type="checkbox"/> Disturbed (Grading only)	<input type="checkbox"/> Dimensions <input type="checkbox"/> Cubic Yard <i>More than one acre requires a permit from the MN Pollution Control Agency.</i>

Will work require connecting to City main? <input type="checkbox"/> Yes. <input type="checkbox"/> No.	Will work impact City street(s) or sidewalk(s)? <input type="checkbox"/> Yes. <input type="checkbox"/> No.
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Traffic Impacts	
Will work obstruct City street(s) ? <input type="checkbox"/> Yes. <input type="checkbox"/> No.	
Will work require detour of traffic? <input type="checkbox"/> Yes. <input type="checkbox"/> No.	
Streets to be affected:	
Proposed hauling route(s):	
Contact West Hennepin Public Safety for approval route(s) if detour required – (763) 479-0500.	

FEES

Sewer Availability Charge (SAC) & Other Fees			
<input type="checkbox"/> MCES	\$2,485 per unit	Number of Units: _____	\$ _____
<input type="checkbox"/> City	\$800 per unit	Number of Units: _____	\$ _____
<input type="checkbox"/> Lateral Repair	\$50 each	Number: _____	\$ _____
<input type="checkbox"/> Sewer Disconnect	\$60 each	Number: _____	\$ _____

Water Availability Charge (WAC) & Other Fees			
<input type="checkbox"/> Residential	\$3,000 per unit	Number of Units: _____	\$ _____
<input type="checkbox"/> Commercial/Industrial	\$12,000 per unit	Number of Units: _____	\$ _____
<input type="checkbox"/> C/I Additional	\$100 per unit	Number of Units: _____	\$ _____
<input type="checkbox"/> Non-Residential	\$7,500 per unit	Number of Units: _____	\$ _____
<input type="checkbox"/> Water Disconnect	\$60 each	Number: _____	\$ _____
<input type="checkbox"/> Water Restart	\$60 each	Number: _____	\$ _____

NOTICE TO APPLICANT & AGREEMENT

Excavation and/or work on water and sewer lines may not begin until permit is approved and a signed copy of permit is returned to the contractor. Fees must be paid in full prior to issuance of permit.

The Public Works Department must be present to any work connecting to the City's mains. All work connecting to City corporations, or repairing or replacing existing water and sanitary sewer lines must be inspected by the Public Works Department before backfilling excavations. Please contact Public Works at (763) 479-9250 to schedule an inspection; **24-hour notice required.**

Any excavation work to be performed in a City street, County road or State Highway also requires the appropriate Right of Way permit. A building permit is required for repairs to or replacement of water and sewer lines under the foundation of a property. Work must be performed in accordance with City and State Code requirements.

The undersigned hereby applies to the City of Maple Plain for a Water & Sewer Permit, and agrees to do all work in strict accordance with all City policies and ordinances, and State requirements.

Applicant Signature _____

Date _____

AUTHORIZATION

Date referred to Public Works _____

Public Works review completed by _____ **Date completed** _____

Recommendation of Public Works

☐ Approve. ☐ Deny.

Reason for denial or additional comments:

Signature _____

Date of Approval/Denial _____

INVESTIGATION

Upon completion of work and **before backfilling, work must be inspected by Public Works Department** and/or the City's Building Official.

Inspected by _____

Comments:

Signature _____

Date _____

OFFICE USE ONLY

Fees Collected

- ☐ \$_____ SAC Fees
☐ \$_____ WAC Fees
☐ \$_____ Sewer Disconnect
☐ \$_____ Water Disconnect/Restart
☐ \$_____ Lateral Repair

Received By

- ☐ Name: _____
☐ Signature: _____
☐ Date: _____
☐ Receipt: _____