CITY OF WINDOM
WINDOM, MINNESOTA 56101

APPLICATION/PERMIT FOR INSPECTIONS OF CITY WATER/SEWER CONNECTIONS AND/OR EXCAVATION IN THE STREET

DATE:_____   APPLICATION NO. _____

The undersigned hereby applies to the City of Windom for inspections of the following connections and agrees to make payment of the fees indicated:

_____   Inspection of Connection to City Sewer System…...…………………….…$ 150.00 *

_____   Inspection of Connection to City Watermain…...…………………………$ 150.00 *

_____   Excavation in City Blacktop or Concrete Street…...…………………….…$ 300.00 **
                   (For purposes of installation of new connections or repair of existing system.)

* The undersigned understands that the City is responsible for installation of service to the curb and the Property Owner is responsible for installation of service from the curb to the residence/business.

**The undersigned understands that this is a deposit for repair of the street. Should the costs for repair exceed $300.00, the undersigned will be billed for the additional costs. The undersigned hereby agrees to pay those additional costs.

NAME OF APPLICANT:_____

OWNER OF PROPERTY:_____

LOCATION OF WORK TO BE DONE (Indicate Street Address and Property Description--if known):

_____

_____

APPROXIMATE DATE OF WORK:_____

EXCAVATING CONTRACTOR:_____

PLUMBING CONTRACTOR:_____

The undersigned hereby agrees and understands:
   (1) All water and sewer connections shall be made in accordance with the Minnesota State Plumbing Code and ordinances of the City of Windom.
   (2) The connection trenches must be kept open until inspected and approved by the Windom Water/Wastewater Superintendent or his representative. The Applicant/Contractor is responsible for notifying the Superintendent when the project is ready for an **inspection (831-6138).**
   (3) All workers and individuals onsite must comply with OSHA safety standards.

                        X_____
                                                      Signature of Owner/Applicant
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APPROVED _____   DISAPPROVED _____   this _____ day of _____, 20_____.

   WATER/WASTEWATER DEPARTMENT: STREET DEPARTMENT:

X_____   X_____
                    Superintendent   Superintendent