

**City of Centerville
PLUMBING/MUNICIPAL UTILITY CONNECTION PERMIT APPLICATION**

Job Site Address: _____ Permit #: _____

Project Valuation: \$ _____ The Applicant is: Owner & Occupant Contractor
(must include material and labor costs ~ commercial only)

PROPERTY OWNER

Name: _____ Contact Person: _____

Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email Address: _____

CONTRACTOR

Name: _____ Contact Person: _____

Address: _____
Number and Street Name City State Zip

Phone: _____ Cell: _____ License #: _____

Email Address: _____ Fax #: _____

PERMIT TYPE

- Residential
- Commercial
- Other (specify) _____

TYPE OF WORK

- New
- Existing Building
- Replacement/Repair
- Demolish
- Reinspection Fee
- Other (specify) _____

WORK ITEMS

Please Indicate Number of Each Item:

- _____ Backflow Preventer
- _____ Bathtub
- _____ Dishwasher
- _____ Drinking Fountain
- _____ Fixture R.I. Only
- _____ Floor Drain
- _____ Garbage Disposal
- _____ Laundry Tub
- _____ Lavatory
- _____ Water Meter
- _____ Other (specify) _____

- _____ RPZ
- _____ Roof Drain
- _____ Shower
- _____ Sill Cock
- _____ Sink
- _____ Standpipe
- _____ Urinal
- _____ Water Closet
- _____ Water Heater
- _____ Water Softener

Special Fixtures

- _____ Flammable Waste
- _____ Grease Interceptor
- _____ Sewer Ejector
- _____ Other (specify) _____
- _____ Sewer Line (Interior)
- _____ Water Line (Interior)
- _____ Water Service Line* \$ _____
- _____ Sewer Conn. Line* \$ _____

* = Items that require an Escrow

The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances/codes and laws of the City of Centerville.

Periodic and/or a final inspection of this work is required by the Minnesota Sate Building Code. It is the responsibility of the applicant to contact the City of Centerville Inspections Department at (651) 429-4750 to schedule and inspection.

Applicant's Signature: _____

Date: _____

RESIDENTIAL FEES

Total Plumbing Units _____ X \$5.00 = Fee: \$ _____
 State Surcharge: \$ _____
 Permit Charge: \$ _____

\$40.00 Minimum (Residential) with \$1.00 State Surcharge

COMMERCIAL FEES

Valuation (Actual cost of installation including labor, materials and cost of equipment ~ (Valuation x .02 or 2%)
 Total State Surcharge is Calculated on Valuation x (.0005)

_____ X .02 or 2% = Fee: \$ _____
 State Surcharge: \$ _____
 Permit Charge: \$ _____

YOU MUST BE A CERTIFIED PIPELAYER TO COMPLETE A WATER SERVICE LINE OR SEWER CONNECTION LINE

SEWER
<input type="checkbox"/> Calculated MCES Units = _____ <input type="checkbox"/> Sewer Lateral Charge *1 \$ _____ <input type="checkbox"/> Sewer Trunk Fees \$ _____ <input type="checkbox"/> MCES Sewer Fee \$ _____ <input type="checkbox"/> Permit Fee \$ _____ <div style="text-align: right;">Total Sewer Fees \$ _____</div>

WATER
<input type="checkbox"/> Water Lateral Charge *1 \$ _____ <input type="checkbox"/> Water Trunk Fee \$ _____ <input type="checkbox"/> Water Meter \$ _____ <input type="checkbox"/> Permit Fee \$ _____ <div style="text-align: right;">Total Water Fees \$ _____</div>

*1 Lateral charge where not previously assessed

Required Inspections
<input type="checkbox"/> Final <input type="checkbox"/> Plumbing R.I. & Air Test <input type="checkbox"/> Plumbing R.I. ~ Below Grade <input type="checkbox"/> Plumbing R.I. ~ Visual <input type="checkbox"/> Rain Water Leader R.I. <input type="checkbox"/> Service lines before covering trench

Comments
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Issued by: _____

Date: _____

City of Centerville
 1880 Main Street
 Centerville, MN 55038
www.centervillemn.com

Building Inspections
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 Centerville, MN 55038
 Telephone: (651) 429-4750
 Fax: (651) 429-8629
 Email: ppalzer@centervillemn.com