



Sewer Permit Application

Appl # _____

10609 South Shore Drive • Medicine Lake, MN 55441

\$ _____

763-542-9701 • 763-509-5449 Inspection Scheduling

City of Medicine Lake

www.CityofMedicineLake.com • inspections@plymouthmn.gov

REV:1/30/2020

PROPERTY INFORMATION			
SITE ADDRESS OR SUBDIVISION, LOT AND BLOCK		SUITE	DATE
LOT _____ BLOCK _____			
PROPERTY OWNER			
APPLICANT INFORMATION			
Applicant is: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant		COMPANY NAME	
APPLICANT'S NAME	PHONE#	COMPANY ADDRESS	STATE LICENSE #
EMAIL ADDRESS		CITY	STATE ZIP
USE TYPE		CONSTRUCTION CATEGORY	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial <input type="checkbox"/> Other <input type="checkbox"/> Public
<input type="checkbox"/> New Building	OR	<input type="checkbox"/> Existing Building	<input type="checkbox"/> Multi-Fam <input type="checkbox"/> Single Fam Det. <input type="checkbox"/> Townhouse <input type="checkbox"/> Two-Fam
<input type="checkbox"/> Principal Building <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other		Detailed Description of Work:	
		Project Valuation \$	
DESCRIPTION OF WORK			
<input type="checkbox"/> Sewer Connect		<input type="checkbox"/> Sewer Disconnect	
If sewer work involves integration or work on or around the City of Medicine Lake main sewer line than the Medicine Lake City Public Works Superintendent, Chris Klar must be notified prior to issue of Permit. pioneer277@comcast.net			
PERMIT FEE SCHEDULE			
Residential		Commercial / Industrial	
Sewer Connection or Disconnection	\$40.00 \$1.00 State Surcharge Fee	Sewer Connection or Disconnection	1% of Job Cost, \$40.00 min. + .0005 State Surcharge Fee
Sewer Repair	1% of Job Cost, \$40.00 min. + .0005 State Surcharge Fee	Sewer Repairs	1% of Job Cost, \$40.00 min. + .0005 State Surcharge Fee
		Plan Review Fee for Private	\$100.00
		Underground Utility Installations (when required)	
Applicant: Please read and sign below			
I hereby certify that I have read and examined this document and know the same to be true and correct. I understand and agree that the work for which the permit is issued shall be performed according to the applicable city approvals, ordinances and codes. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that the work shall not begin until permit is issued, that I am responsible for calling for all required inspections, that work shall be accessible for the inspection. This permit shall become invalid unless the work authorized is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days. *Separate street excavation permits must be obtained for street cuts*			
APPLICANT'S SIGNATURE			DATE
OFFICE USE ONLY			
DATE RECEIVED	AUTHORIZED TO ISSUE:	REMARKS:	
OTHER FEES			
<input type="checkbox"/> Plan Review Underground Utility (Comm./Ind. Only)	<input type="checkbox"/> MCES SAC	<input type="checkbox"/> Sewer Rec	<input type="checkbox"/> Water Rec <input type="checkbox"/> Water Area <input type="checkbox"/> Water Lateral