

**CITY OF MOUNDS VIEW
SEWER/WATER PERMIT**



SAC # _____
CPS # _____

ADDRESS	
USE OF BUILDING	EXISTING BLDG. <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/>
BUILDER	
BUILDER ADDRESS	
PHONE NUMBER	
SEWER & WATER CONTRACTOR	
S & W CONTRACTOR ADDRESS	
PHONE NUMBER	
CONTRACTOR LICENSE #	
OWNER	
OWNER ADDRESS	
PHONE NUMBER	
DESCRIBE WORK: (PROVIDE DRAWING ON BACK)	

	AMOUNT PAID	DATE PAID	PAID BY	RECEIPT	DATE INSPECTED	INSPECTED BY
WATER PERMIT	\$					
SEWER PERMIT	\$					

STATE SURCHARGE	\$	DATE:	PD. BY:	RECEIPT:
SAC CHARGE #	\$	DATE:	PD. BY:	RECEIPT:
WAC CHARGE	\$	DATE:	PD. BY:	RECEIPT:
UNIT CHARGE	\$	DATE:	PD. BY:	RECEIPT:
BUILDING PERMIT #		DATE:	PD. BY:	RECEIPT:

WATER METER	\$	DATE PAID	BY:	METER #: REG. #	MIU #:	DATE INSTALLED:
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Water Meter Reading:	Meter Sealed by:	Date Sealed:
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STREET DEPOSIT REQUIRED: YES NO	Amount:	Date Paid:	Refund Date:
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COMMENTS:

I have received a copy of the "Inspection of Sewer Installation" and "Inspection of Water Installation" guidelines provided to me by the City of Mounds View.

Name (print): _____ Signature: _____