

City of Robbinsdale



Engineering Department

4100 Lakeview Ave N Robbinsdale, MN 55422 ♦ Phone 763-531-1268 ♦ Fax 763-531-1200 permits@ci.robbinsdale.mn.us

WATER & SEWER PERMIT

DATE: _____

PERMIT #: _____

JOB ADDRESS: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

- If property owner is completing the work, please attach a "Property Owner's Affidavit"

CONTRACTOR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CITY LICENSE #: _____

- Contractors MUST have a current City License for permit to be issued.

CONTRACT VALUE OF WORK: \$ _____
(COST OF MATERIALS/LABOR)

DETAILED DESCRIPTION OF WORK:

ESTIMATED START DATE: _____

- Contractors must call #763-531-1268 for inspection PRIOR to backfilling. Granular fill ONLY with compaction in one foot lift is required.

APPLICANT SIGNATURE: _____

PRINT NAME: _____

PHONE NUMBER: _____

PERMIT FEES:

CHECK ALL THAT APPLY:

_____	NEW SEWER SERVICE	\$75
_____	REPAIR SEWER SERVICE	\$75
_____	DISCONNECT SEWER SERVICE	\$75
_____	NEW WATER SERVICE	\$75
_____	REPAIR WATER SERVICE	\$75
_____	DISCONNECT WATER SERVICE	\$75
_____	CONNECT DRAINTILE –	\$75

SUB SURFACE DRAIN

METER INFO:

_____	WATER METER: \$115 + 7.275% SALES TAX
_____	HORN: \$35 + 7.275% SALES TAX

PERMIT FEE: \$ _____

MATERIALS FEE: \$ _____

(I.E.; WATER METERS, TAIL PIECES, HORNS)

7.275% SALES TAX: \$ _____

(SALES TAX IS APPLICABLE TO MATERIALS ONLY)

STATE SURCHARGE: \$1.00

(STATE SURCHARGE NOT APPLICABLE TO MATERIALS)

TOTAL FEES: \$ _____

FOR OFFICE USE ONLY:

Water Meter Information

METER NUMBER: _____

REGISTER NUMBER: _____

BEGINNING READING: _____



CREDIT CARD INFORMATION

(We accept MasterCard, Visa, American Express and Discover)

***NOTE:** The City of Robbinsdale does *not* charge an additional fee when using a credit card*

To make a payment by credit card, please provide the following information:

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

NAME OF CARD HOLDER: _____

CREDIT CARD ACCOUNT NUMBER: _____

CREDIT CARD EXPIRATION DATE: _____/_____

3 or 4 DIGIT SECURITY CODE FROM BACK (or front) OF CARD ____ _

BILLING ZIP CODE: _____

(For example, if the credit card you are using has a billing address of 4100 Lakeview Ave N., Robbinsdale, MN, 55422, the zip code entered on this line is 55422)