

I UNDERSTAND THAT A WELL SEALING OR MAINTENANCE PERMIT MUST BE OBTAINED THROUGH OLMSTED COUNTY FOR ANY WELLS ON MY PROPERTY.

I hereby understand that certain inspections are required as noted below.

I understand that a minimum advance notice of 24 business hours for inspection(s) must be given by calling **CMS at 507-282-8206 & City Hall 507-367-4405**. I also understand that there is an additional fee of \$80.00 for any re-inspection required and by my signature below agree that payment will be made prior to the inspector returning to the site. No final inspection will receive sign off until all fees are paid in full at City Hall.

I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota, **or** that I am the legal owner of and reside in the above-described residential property.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE – Office Use Only

Permit Fee \$_____ Surcharge \$_____ Total \$_____

INSPECTION(S) NOTES:

FOR PLUMBING WORK (CMS)	FOR WATER METER (CITY STAFF)
<input type="checkbox"/> Underground, trench connection <input type="checkbox"/> Water Meter <input type="checkbox"/> Backflow Preventer <input type="checkbox"/> Final Plumbing Inspector Sign Off on:	<input type="checkbox"/> Underground – line size, tracer wire <input type="checkbox"/> Curb Stop <input type="checkbox"/> Meter Serial# _____ <input type="checkbox"/> Digital Serial# _____ <input type="checkbox"/> Final Inspector Sign Off on:

R 04.18.24

City of Oronoco

~ PO. Box 195 ~ Oronoco, MN 55960 ~ 507-367-4405 ~ Fax 507-367-4982 ~