City of Oronoco

PERMIT APPLICATION – EXTERIOR ONLY

☐ PHASE 1A SEWER SERVICE Fee = $150.00*

(Submit to City of Oronoco Upon Completion)

Contact Public Works at 507-367-2281 for all inspections and deliver of water meter

Application Received On: _____ Application Fee(s) Paid On: _____

**plus $80.00 per re-inspection, as needed* *Date Paid:* _____

PERMIT # _____

APPLICATION DATE & WORK SITE	Date: _____ Site Address: _____ Oronoco, MN 55960 Applicant is: ☐ Owner ☐ Contractor ☐ Other (define)
PROPERTY OWNER	Owner Name(s): _____ Last First MI Best phone # _____ Email: _____ Mailing Address: _____ City _____ State _____ Zip Code _____
EXCAVATING CONTRACTOR	Company: _____ Phone: _____ Address: _____ City _____ State _____ Zip Code _____ Contact Name: _____Phone # _____ Email: _____
LICENSED SEWER & DRAIN CONTRACTOR **License #** _____ **Issued by** _____	Company: _____ Phone: _____ Address: _____ City _____ State _____ Zip Code _____ Contact Name: _____Phone # _____ Email: _____

PLEASE CONTINUE ON OTHER SIDE

PERMIT TYPE: □ Residential Use □ Non-residential Use
□ Low Pressure (Grinder) □ Gravity

I hereby apply for a permit as defined at the top of this application. I acknowledge that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I acknowledge that the work will be in accordance with all permit conditions and approved plans (in the case of work requires a review and approval of plans).

I hereby understand that certain inspections are required, specifically:

FOR LOW PRESSURE WORK	FOR GRAVITY SEWER WORK
□ Electrical 30 amp - State	□ Underground (trench)
□ Underground (trench)	□ Waste & Cleanouts
□ Tracer Wire	□ Tracer Wire
□ 5 PSI Air Test	□ 5 PSI Air Test
□ Cleanouts	□ Final
□ Final	

I understand that a minimum of 24 hours advance notice for inspection(s) must be given by calling 507-367-2281. 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 scheduling the inspector to return to the site. No final inspection will receive sign off until all fees are paid in full.

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

INSPECTION(S) NOTES:

_____

_____

_____

FOR LOW PRESSURE WORK	FOR GRAVITY SEWER WORK
□ Electrical 30 amp - State	□ Underground (trench)
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□ 5 PSI Air Test	□ 5 PSI Air Test
□ Cleanouts	□ Final
□ Final	
Inspector Sign Off:	Inspector Sign Off:

03.05.24

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