



CITY OF MAPLEWOOD

Department of Public Works
1902 County Road B East
Maplewood, MN 55109
651-249-2400
www.MaplewoodMN.gov

Permit # _____

SANITARY SERVICE CONNECTION PERMIT APPLICATION

_____ Site Address		_____ Date
_____ Sewer Contractor (must be city licensed)	_____ Address	_____ Phone No.
_____ Property Owner	_____ Address	_____ Phone No.
_____ Applicant E-mail address		

Type of Property:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	
Type of Work:	<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input type="checkbox"/> Cap/Disconnect

Will this work take place in the Right of Way*?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - ROW permit required	
The city may require a copy of the televising tape to view the section showing the problem under the street.			
*Please note if the work is on a Ramsey County road, a County ROW permit is required, contact 651-266-7100.			
Is this a cure-in-place-pipe (CIPP) lining repair?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, follow Lateral Lining Policy and Specs	
How will you be connecting to sewer main?	<input type="checkbox"/> Existing sewer service stub	<input type="checkbox"/> Sanitary manhole	<input type="checkbox"/> New connection to existing main

I, the undersigned, make application for permission to perform sanitary sewer work at the above location, said work will conform with the regulations of the City of Maplewood and to any special provisions included in this permit. No work in connection with this application will be started until application is approved and the permit issued. All work will be done to the satisfaction of the Maplewood Public Works Department. If the existing street is disturbed as part of the permit, it is understood the street will be restored to the condition as required by the ROW permit. It is agreed no excess excavated materials from this site will be dumped on site.

No refunds will be given for this permit.

_____ City Approval & Date	_____ Applicant Signature & Date
_____ Applicant (Printed)	