



# City of New Hope Public Works

5500 International Parkway • New Hope MN 55428 • Phone: 763-592-6777 • Fax: 763-592-6776

• newhopemn.gov • publicworks@newhopemn.gov

## Sewer & Water Permit Application

Job Address \_\_\_\_\_

- ☐ Commercial Property    ☐ Residential Property  
☐ I am the Contractor    ☐ I am the Property Owner

Permit # \_\_\_\_\_

Received Application \_\_\_\_\_

Received Payment \_\_\_\_\_  
*For Office Use Only*

### Property Owner *If different than above*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### Contractor Information

Business Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

State License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Location of Work

- ☐ Sewer    ☐ Sewer & Water    ☐ Sump Pump    ☐ Water    ☐ Water Meter    ☐ Other

### Type of Work

- ☐ Disconnect    ☐ Hookup    ☐ Install    ☐ New    ☐ Repair    ☐ Other

### Details of Work

Describe Work \_\_\_\_\_

Meter required? ☐ Yes – Size \_\_\_\_\_ ☐ No

Value of Work Including Labor \$ \_\_\_\_\_ Start Date \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

### Required Inspections *Completed by City Staff*

- ☐ Final    ☐ Sewer Disconnect    ☐ Sewer Hookup    ☐ Water Disconnect    ☐ Water Hookup

Conditions of Approval \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

### Notice

#### *24 hour notice required for inspections*

Call New Hope Public Works Department at 763-592-6762 for information and to schedule inspection(s). For Sump Pump Hookup Inspection call Dave at 763-592-6762.

Contact Gopher State One Call Before You Dig at 651-454-0002.

### Fee Schedule

Water	\$100.00, Minimum Surcharge \$1.00
Sewer	\$100.00, Minimum Surcharge \$1.00
Water Meter	Call for Taxable Amount
Sump Pump Hookup	Surcharge \$1.00

### Fees

Permit Fee	
Water Meter	
State Surcharge	
Sales Tax	
Fee Due Upon Application	

Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Payment ☐ Credit Card *Fill out information below* ☐ Check *Make checks payable to City of New Hope 4401 Xylon Ave N, New Hope, MN 55428*

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_