

SEWER/WATER PERMIT APPLICATION



12800 Ravine Pkwy S, Cottage Grove, MN, 55016 Phone: 651-458-2804
 Email: building@cottagegrovemn.gov Website: www.cottagegrovemn.gov

OFFICE USE ONLY

Permit Number:

PROJECT ADDRESS:

OWNER/OCCUPANT INFORMATION:

Name:

Phone:

Address:

State:

Zip:

Email:

CONTRACTOR INFORMATION:

Name:

Phone:

Address:

State:

Zip:

Email:

State License #:

Contact Name:

APPLICANTS SIGNATURE:

Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.

Printed Name:

Date:

Signature:

Date:

PROJECT VALUE

PROJECT DESCRIPTION

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TYPE & LOCATION OF WORK: Select all that apply

REPAIR	ALTERATION	INSTALLATION
Private Property:	Private Property:	Private Property:
Public Property:	Public Property:	Public Property:
PROJECT		
SEWER/WATER		
WATER METER		
LAWN IRRIGATION SYSTEM		
RPZ		
MISCELLANEOUS		