

**City of Newport**

**Application for Sewer and Water Service**

Newport City Hall ♦ 596 7<sup>th</sup> Avenue ♦ Newport ♦ Minnesota ♦ 55055 ♦ Telephone 651-459-5677 ♦ Fax 651-459-9883

Application Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Site Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ inch Sewer Connection to be laid from the Sewer

\_\_\_\_\_ inch Water Connection to be laid from the Water Main on \_\_\_\_\_

to \_\_\_\_\_ the site address.

Sewer/Water to be used to service:

\_\_\_\_\_ Dwelling \_\_\_\_\_ Store \_\_\_\_\_ Office \_\_\_\_\_ Factory \_\_\_\_\_ Other

Scheduled Charge for Sewer Permit:	\$ _____
State Surcharge for Sewer Permit:	\$ _____
Scheduled Charge for Water Permit:	\$ _____
State Surcharge for Water Permit:	\$ _____
Scheduled Charge for Street Restoration:	\$ _____
Scheduled Charge for Water Hook-Up:	\$ _____
Permit Fees Paid:	\$ _____
Other Charges Paid:	\$ _____
Total Amount Paid:	\$ _____

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

- I hereby agree to assume all responsibility arising from the breakage or leakage of such pipe, and I hereby release the City from any and all damage caused by water from any breakage or leakage of mains or service pipes.

- I further agree to accept and abide by all the rules and ordinances pertaining to the installing of sewer/water connections and to pay all fees, rentals, and charges which are in force at this time or shall be adopted hereafter.
- In case installation is to be upon a surfaced street it shall be the contractors responsibility to restore the portion of roadway as soon as possible to its original condition, subject to approval by the Superintendent of Public Works.
- The Certificate of Occupancy will not be issued until all street restoration is satisfactorily completed.

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Owner or Authorized Agent	Address	Phone
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Inspection Date: \_\_\_\_\_ Made By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Superintendent of Public Works

Comments:

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