



City of Osakis

14 Nokomis Street East
PO Box 486
Osakis, Minnesota 56360
Phone #320-859-2150
Fax #320-859-3978
E-mail - cityhall@cityofosakis.com

APPLICATION FOR SEWER CONNECTION

TO THE CITY OF OSAKIS:

I hereby request a permit to lay a _____ inch sewer connection from my premises on _____ Street/Avenue, to connect with the sewer main on _____ Street/Avenue. The location of said premises is Lot _____, Block _____, _____; or if said sewer connection has already been laid, I request permission to connect to the sewer line.

Should this permit be granted, I agree to install said sewer connection in the manner covered by the city ordinances, and to comply with all sewer and water rules and regulations that may from time to time be adopted by the city.

Sewer service lines are the property owner's responsibility to install and maintain. The service line extends from the city's sanitary sewer main in the street area to the building it serves. Connections must be inspected by city personal prior to backfilling. Inspections made after 4:00 p.m. will be charged \$40.00 per hour. The following, which are to be city approved, and to which the property owner pays for include; Sewer Saddle, Sewer Pipe, and Tracer Wire. Should this permit be granted, I further agree to assume all responsibility arising from breakage or leakage of pipes, and I hereby release the City from any and all damages caused by sewer from any breakage or leakage of mains or service pipes. Anything past the building line, the city building inspector must inspect. All lines must be air tested.

Any excavation in the city limits must be done by a licensed contractor and present the City with evidence of liability insurance.

I understand that this permit is revocable, should the existence of this connection be deemed detrimental to the interest of the City.

Sewer Access Fees are as follows and are to be paid in full before the connection is made:

- \$1,500.00 for one unit;
- plus \$1,500.00 each additional unit up to four units;
- plus \$500.00 each additional unit over four units.

The work will be done by _____
(Name of Contractor)

(Pipe Fitter Bond Number)

(Owner of Said Premises)