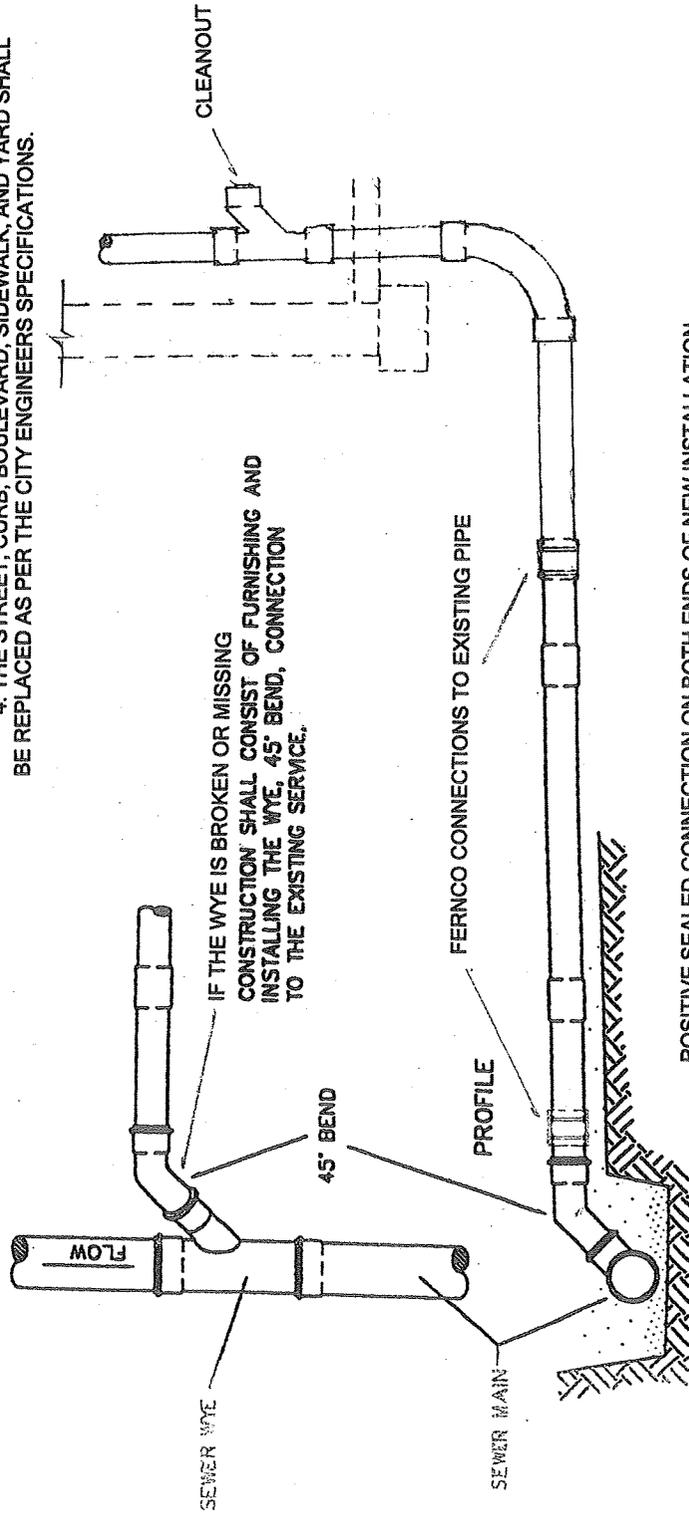


SEWER LATERAL REPAIR / REPLACEMENT

FINAL APPROVAL INCLUDES:

1. INSPECTION OF NEW INSTALLATION PRIOR TO BACKFILL (OR PICTURES BY CONTRACTOR WHEN BUILDING OFFICIAL IS NOT AVAILABLE FOR AN IN-PERSON INSPECTION.) BRING THE PERMIT AND PICTURES INTO CITY HALL FOR SIGNATURES ON THE PERMIT.
2. WITH A POINT-OF-SALE REPAIR / REPLACEMENT, THE CLOSING COMPANY SHALL HAVE A COPY OF THE FINAL SIGNED PERMIT.
3. SEWER LINING - SUBMIT A VIDEO OF THE PIPE JUST AFTER CLEANING OUT AND ANOTHER VIDEO AFTER IT HAS BEEN LINED. THE PERMIT WILL BE SIGNED IF THE BUILDING OFFICIAL APPROVES THE JOB.
4. THE STREET, CURB, BOULEVARD, SIDEWALK, AND YARD SHALL BE REPLACED AS PER THE CITY ENGINEERS SPECIFICATIONS.

*INSERTION OF 4 INCH PIPE INSIDE 6 INCH PIPE IS PROHIBITED - UNLESS THE END OF THE PIPE IS EXCAVATED AND EXPOSED FOR A POSITIVE SEAL TO THE PIPE NEAR THE MAIN AND OR AT THE WYE AT THE MAIN IF IT IS IN GOOD CONDITION (PER APPROVAL OF THE CITY ENGINEER.)



SANITARY SEWER SERVICE DETAIL

Property Address:			
Buyer(s)'s Current Address:			
Mailing Address:			
City:		State:	ZIP Code:
Home Number:	Work Number:	Mobile Number:	
As buyer of the above-mentioned property, I certify that I have read the requirements for sewer lateral inspection and maintenance found in City of Chisholm Ordinance No. 113 2 nd Series.			
Signature(s) of Buyer(s):		Date:	
Name of Licensed Plumber:		Contracting Company Conducting Closed-Circuit Video recording (If different than Plumber):	
Address:		Individual Conducting Video recording	
City:	State:	ZIP Code:	Telephone:
Contractor License Number:		Does sump pump configuration meet Chapter 3.30 Subd. 4 of the Chisholm Municipal Code? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Draw sketch of sewer laterals and connections (to be completed by contractor):			
As contractor for the above-mentioned property, I certify that I have read the requirements for sewer lateral inspection and maintenance found in City of Chisholm Ordinance No. 113 2 nd Series. I certify that the information and video recording I have provided with this form is true and correct. I acknowledge that I am certified and qualified to conduct or review the closed-circuit television video recording.			
Signature of Licensed Plumber:		Date:	
FOR CITY USE ONLY			
Date Received: _____ Reviewed by: _____			
<input type="checkbox"/> A review of the tape revealed that a replacement or repairs to sewer lateral are not necessary.			
<input type="checkbox"/> A review of the tape revealed that a repair to sewer lateral at _____ is required to correct a _____. A building permit and/or encroachment permit may be required before beginning this repair. Please contact the Building Inspector at 254-7906 for more information.			
<input type="checkbox"/> A review of the tape revealed that the sewer lateral needs to be replaced. A building permit and encroachment permit are required. Please contact the Building Inspector at 254-7906 for more information.			
Reviewed by: _____		Date of Review: _____	



Certification Form for Sewer Lateral Inspection and Maintenance

NOTICE

In accordance with the City of Chisholm Ordinance No. 113 2nd Series, mandatory closed-circuit television or other approved inspections of sewer laterals are required when the sale of a property or major remodel is undertaken on a property. Also, the sump pump shall be in accordance with Chapter 3.30 Subd. 4 of the Chisholm Municipal Code. Additional information is available in the Inspections and Repairs of Sewer Laterals guide. Ordinance No. 113 2nd Series and Chapter 3.30 Subd. 4 of the Chisholm Municipal Code is available for review at City Hall.

*This form must be signed and submitted to:
City Clerks Office, 316 West Lake Street, Chisholm, MN 55719/ Tel (218)254-7907*

Current Property Owner(s):

Property Address:

Assessor's Parcel No.:

Mailing Address (if different from above):

City:	State:	ZIP Code:
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Home Number:	Work Number:	Mobile Number:
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As seller of the above-mentioned property, I certify under penalty of perjury that I have read and will comply with the requirements for sewer lateral inspection and maintenance found in City of Chisholm Ordinance No. 113 2nd Series. I certify that the information I have provided is true and correct. I acknowledge that I am aware that although this is not a condition of sale or transfer of the property, it is a requirement imposed by law.

Signature(s) of Seller(s):	Date:
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Full Name(s) (Please Print):

Full Name of Authorized Representative (Agent):

Agency Name:

Mailing Address (if different from above):

City:	State:	ZIP Code:
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Signature of Authorized Representative:	Work Number:	Mobile Number:
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Full Name of Homeowners Association (HOA), if applicable:

Full Name of HOA President:	HOA President's Phone Number:
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HOA's Mailing Address:

City:	State:	Zip Code:
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WAIVER OF INSPECTION REQUIREMENT: Under penalty of perjury, I hereby certify that the sewer lateral on the above mentioned property has been completely replaced within the last ten (10) years in accordance with Ordinance No. 113 2nd Series Subd. 4 and certification is attached.

Signature of Property Owner or Authorized Agent:	Date:
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