

# City of Chaska

## Sewer and Water Connection Form

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

Applicant: \_\_\_\_\_ Phone \_\_\_\_\_

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

Plumbers License No: \_\_\_\_\_

Pipe Layer Certification Card No: \_\_\_\_\_

|  |                                       |                                     |                                 |                  |                    |
|--|---------------------------------------|-------------------------------------|---------------------------------|------------------|--------------------|
| <b>Description of work:</b>  | Installation <input type="checkbox"/> | Disconnect <input type="checkbox"/> | Repair <input type="checkbox"/> |                  |                    |
| <b>Water Service:</b>  | Stub-in _____                         | Extension _____                     | Complete Service _____          | Disconnect _____ | Type of Pipe _____ |
| <b>Sewer Service:</b>  | Stub-in _____                         | Extension _____                     | Complete Service _____          | Disconnect _____ | Type of Pipe _____ |
| <b>Excavation in Street ?</b> Yes ___ No ___ <b>IF YES <i>Right of Way Permit is Required!</i></b> Email: <a href="mailto:rowpermits@chaskamn.gov">rowpermits@chaskamn.gov</a> |                                       |                                     |                                 |                  |                    |

**Make sure the trench is safe for City Staff to enter, that Sewer Pipe is holding 5 lbs. of air for inspection!**

**Sketch Work Performed:** (Include location and measurements of all couplings, curb stop and clean outs)

Draw horizontal and vertical diagram of work performed



Horizontal View

Vertical View

Work done by: \_\_\_\_\_ Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

**Call or email for inspections: City of Chaska Building Inspections**

**Phone: 952-448-9395 or email: [inspections@chaskamn.gov](mailto:inspections@chaskamn.gov)**