



DRAINTILE CONNECTION PERMIT APPLICATION- SUMP PUMP TO STORM SEWER

Please return application and plans as needed with the
property address in the subject line to permits@daytonmn.gov

APPLICANT IS:		OWNER	CONTRACTOR	
SITE ADDRESS:			SUITE #:	
CITY:		STATE:	ZIP:	
JOB DESCRIPTION:			VALUATION:	

OWNER	
OWNER NAME:	
OWNER ADDRESS:	
OWNER CITY, STATE, ZIP:	
OWNER EMAIL:	
OWNER PHONE:	

CONTRACTOR	
CONTRACTOR NAME:	LICENSE:
CONTRACTOR ADDRESS:	
CONTRACTOR CITY, STATE, ZIP:	
CONTRACTOR EMAIL:	
CONTRACTOR PHONE:	

TYPE OF WORK		
NEW	ADDITION	ALTER/REMODEL
REPAIR	REPLACE	DEMOLITION

COMMENTS:

THE UNDERSIGNED HEREBY AGREES THAT, IN CASE SUCH PERMIT IS GRANTED, THAT
ALL WORK WHICH SHALL BE DONE AND ALL MATERIALS WHICH SHALL BE USED SHALL
COMPLY WITH THE PLANS AND SPECIFICATIONS HERewith SUBMITTED AND WITH ALL
THE ORDINANCES OF SAID CITY OF DAYTON APPLICABLE HERETO.

NAME OF APPLICANT (please print)

APPLICANT SIGNATURE

DATE