

City of Eagle Grove  
**Water, Sewer and Sump Pump Permit Application**  
When You Dig Call ***IOWA ONE CALL***. 1-800-292-8989  
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**Section A - Applicant**

Name of Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

Project Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- Application for SEWER: New Construction \_\_\_\_\_ Reconstruction \_\_\_\_\_ Repair \_\_\_\_\_
- Application for SUMP PUMP: \_\_\_\_\_ Discharging \_\_\_\_\_
- Application for WATER connection \_\_\_\_\_

Description of proposed project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All sewer and water installations are to be inspected by a city official before the ditches are backfilled. All excavations in city streets to be gravel filled**

**Section B- Contractor**

Name of Contractor: \_\_\_\_\_ Address: \_\_\_\_\_

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

**State Licensed Plumber installing the sewer + connections**

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

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

Detailed Description of project and materials: \_\_\_\_\_  
\_\_\_\_\_

**Note:** The applicant understands that this permit is subject to any building restrictions by plat and dedication or by contract in the addition in which said property is located. **All sewer and water installations are to be inspected by a city official before the ditches are backfilled. All excavations in city streets to be gravel filled.** This permit is void unless the work is commenced within six months from this approval and completed within one year of approval unless extension of this permit is requested and granted by the city. REFER TO CHAPTER 96 & 97 OF MUNICIPAL CITY CODE: [www.eaglegroveiowa.org](http://www.eaglegroveiowa.org) –GOVERNMENT section

**PRIOR notification of 24-48 hours required.**

Date of Application: \_\_\_\_\_ Signature: \_\_\_\_\_

**Section C- Administrative only**

Permit No: \_\_\_\_\_ Permit fee: \_\_\_\_\_ Paid \_\_\_\_\_

Sewer Permit and Inspection fee: \$100.00 Sewer Connection fee: \$100.00

Water Main tap (+parts) ¾" or smaller fee: \$100.00 1" fee: \$125.00 1" or larger and yoked fee: \$300

City Superintendent inspection and approval

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date: \_\_\_\_\_ Zoning Official \_\_\_\_\_