



2241 221st Avenue NE
 East Bethel, Minnesota 55011
 (763) 367-7844 • Fax (763) 434-9578
www.ci.east-bethel.mn.us

APPLICATION FOR WATER METERS

JOB ADDRESS: _____

Owner's Name: _____ Phone: _____

General Contractor: _____ Phone: _____

Plumbing Contractor: _____ Phone: _____

E-mail: _____ Plumber's Lic. #: _____

Water Meter Size: 5/8" X 3/4" Other (specify): _____

NOTE: OTHER SIZED WATER METERS NEED TO BE ORDERED. PLEASE ALLOW TIME FOR DELIVERY. YOU MUST REQUEST THAT THE COUPLINGS ALSO BE ORDERED, OTHERWISE THEY ARE NOT INCLUDED.
 Billing will begin 30 days following pick up/payment of the meter.

No. of Plumbing Fixtures _____ Estimated Value _____
 (Labor & Materials)

Will you need couplings: Yes No

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 90 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 90 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. PLUMBING PLANS FOR COMMERCIAL BUILDINGS MUST BE APPROVED BY THE STATE OF MINNESOTA AND BY THE BUILDING OFFICIAL BEFORE A PERMIT WILL BE ISSUED.

Print Applicant Name: _____

Plumbing Contractor Signature: _____ Date: _____

CITY USE ONLY	
Permit Fee	\$ 40 _____
Water Meter Cost (Dependant on meter size, 5/8" x 3/4" is \$245.71)	\$ _____
Service Fee (\$10 for 5/8" by 3/4" or \$25 for other size)	\$ _____
Other (Couplings must be requested, \$26 for two couplings)	\$ _____
State Surcharge (\$1)	\$ 1 _____
TOTAL	\$ _____
WATER METER SERIAL NUMBER AND TRACKING NUMBER: _____	



**CITY OF EAST BETHEL APPLICATION FOR
WATER UTILITY SERVICE**

Return to: City of East Bethel, 2241 221ST Avenue NE,
East Bethel, MN 55011 Attn: Utility Billing
Fax: 763-434-9578 Phone: 763-367-7840

Property Information

Address				
Address 2				
Development				
Block#	Lot#		Closing Date	
PIN Number			Occupancy Date	

Property Type Commercial Residential Meter Reading

Owner Information

Name				Meter Numbers (New Constr.)	
Address				S/N	
City/State/Zip				ID#	
Phone	Cell Phone		Email		

Occupant Information (if different) **OR** **Billing Information (if different)**

Name					
Address					
City/State/Zip					
Phone	Cell Phone		Email		

Notes/Other

Commercial Properties, please complete the following fields

Office Telephone		A/P Contact	
Hours		A/P Phone	

Tax Exempt? No Yes

***NOTE** - Commercial customers will be deemed 100% taxable unless MN Dept of Revenue form ST3 is submitted.

I, THE UNDERSIGNED, HEREBY APPLY FOR UTILITY SERVICES FROM THE CITY OF EAST BETHEL, AND AGREE TO PAY FOR ALL UTILITIES CONSUMED ON THIS PROPERTY WHETHER I BE OWNER, TENANT OR OTHER PERSON. IF AMOUNTS NINETY (90) DAYS PAST DUE ARE NOT PAID BY OCTOBER 1ST OF ANY YEAR, THEY WILL BE CERTIFIED TO THE COUNTY AUDITOR FOR COLLECTION WITH PROPERTY TAXES THE FOLLOWING YEAR PER MN STATUTE 444.075. ADDITIONAL CERTIFICATION CHARGES WILL BE ASSESSED FOR THIS PROCESS.

Signature _____ Date _____

Print Name: _____