

Property Information

## City Of Orono Point of Sale Sanitary Sewer Service Inspection Application Task 72/98

Task 72198 2/8/23 9:00 Am

Inflow & Infiltration (I/I) Compliance Inspection

Before any property is offered for sale/transfer an Inflow and Infiltration (I/I) Inspection must be completed. The inspection will look for any improper connections or significant defects in the sanitary sewer service pipe. For properties that pass inspection, the City issues a Certificate of I/I Compliance which is valid for 10 years. Properties that don't pass inspection are issued a correction notice delineating the problems. Repairs should be completed within 90 days of the first inspection. If repairs cannot be completed prior to the transfer of a property, proof of an escrow equaling 110% of the estimated cost of repairs shall be provided to the city. If repairs are not completed a monthly surcharge will be applied to the utility bill until the property is in compliance. See City website or call (952) 249-4600 for more information.

Property Address: 211				27-4	CUIE	٤.	1Zp				
PID	•	3611823	44C	7017	7						
Owner Information											
Name:											
	ling Address:  fferent from  erty)		R								
Phone:					Email:		LNEROCH	人与'	0	GMAIL CC	
Fees - Inspection Fee due at time of application											
Residential Inspection \$250 Commercial Inspection: \$750											
Pay at city hall or Call (952) 249-4600 to pay by phone											
Private Inspection Option											
If you would like to hire a private inspector  Inspection Company:											
instead of allowing a City inspector to complete the inspection please provide the											
	wing. See priva		Phone:								
Email:											
Signature Applicants Name Applicants Signature Date											
Applicants Name				/							
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		<u> </u>		Cit	y Review						
	Application Date: 2		2.1.	1/202					П	No	
	Inspection Date and Time:			11202	.>		7	, 105			
	Inspector:										
	Compliant:  Yes  No										
	If not compliant										
	Corrective Action Required:										
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Staff Use Only	Corrective Action Due by:			Re-inspection Date & Time			Time:				
taf	Inspector:					Compliant:  Yes  No					
S											
	Certificate of	Compliance									
	Date:				Certificate of Compliance						
Expires:											
	Signature:										
	Name:	-									