



City of Saint Paul
SEWER SERVICE VARIANCE REQUEST

Date: _____

Sewer Service Permit # _____

Date ordered: _____

Address of Service _____

House Drain Contractor

Name: _____

Address: _____

Phone: _____

Current Fax Number: _____

Reason for Variance:

Property Owner or Representative (please print):

Signature: _____ Date: _____

OFFICE USE ONLY Variance Approved _____ Not Approved _____

Requirements:

Signature: _____ Date: _____