



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: \_\_\_\_\_

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OFFICE USE ONLY    Variance Approved \_\_\_\_\_    Not Approved \_\_\_\_\_

Requirements:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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