

Time of Sale Sewer Lateral Inspection Form (Homeowner Information)

Property Address: _____ Parcel ID _____

Current Property Owner Information:

Property Owner(s) name: _____

Mailing address of owner (if different from above): _____

City: _____ State: _____ Zip Code: _____

Owner Contact Phone Number: _____

As seller of the above-mentioned property, I certify under penalty of perjury that I have read and will comply with the requirements for sewer lateral inspection and maintenance found in City of Proctor Ordinance No. 04-19. I certify that the information I have provided is true and correct. I acknowledge that I am aware that although this is not a condition of sale or transfer of the property, it is a requirement imposed by law.

Signature(s) of Seller(s): _____ Date: _____

Real Estate Agent _____ Real Estate Company _____

Approximate Closing Date _____

Homeowners Association (HOA) Information:

Full name of Homeowners Association (HOA), If applicable: _____

Full Name of HOA President: _____ Phone number _____

HOA's Mailing Address: _____ City _____ MN _____ Zip _____

WAIVER OF INSPECTION REQUIREMENT:

Under penalty of perjury, I hereby certify that the sewer lateral on the above-mentioned property address has been newly installed, repaired, or replaced to be compliant within the last ten (10) years in accordance with City of Proctor Ordinance No. 04-19 and documentation is attached.

Signature of Property Owner or Authorized Agent: _____ Date _____

Time of Sale Sewer Lateral Inspection Form (PLUMBER INFORMATION)

Property Address: _____ Parcel ID _____

Inspector Information:

Company Name: _____ Inspector Name: _____

Address: _____ City: _____ State _____ Zip code: _____

Email address: _____ Contact Phone: _____

Draw sketch of sewer laterals and connections (to be completed by Inspector):

Inspection Date: ___/___/___ Pipe Size: _____ Pipe Material: _____

Length (from cleanout to sewer main): _____

Other information/Recommended Repairs _____

Yes No Property complies with no stormwater connections to the sanitary sewer system as defined by City of Proctor Ordinance.

If No, then explain _____

As the Inspector for the above-mentioned property, I certify that I have read the requirements for sewer lateral inspection and maintenance found in City of Proctor Ordinance No. 04-19. I certify that the information and video recording I have provided with this form is true and correct. I acknowledge that I am qualified to conduct or review the closed-circuit television video recording.

Signature of Inspector: _____ Date: _____

FOR CITY USE ONLY

Date Received: _____ Received By: _____

A review of the video revealed that a replacement or repairs to sewer lateral are not necessary.

A review of the video revealed that a repair or replacement to sewer lateral at _____ is required to correct a failed inspection. A building permit and/or excavation permit may be required before beginning this repair. Please contact City of Proctor at 624-3641 for more information.

Reviewed by: _____ Date of Review: _____