

# 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 \_\_\_\_\_

## **Buyer(s) Information:**

Buyer(s) name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*As buyer of the above-mentioned property, I certify that I have read the requirements for sewer-lateral inspection and future maintenance found in City of Proctor Ordinance No. 04-19*

Signature(s) of Buyer(s) \_\_\_\_\_

## **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: \_\_\_\_\_