

CITY OF SARTELL
REQUEST/QUOTE FOR ESTIMATED PERMIT FEES

This document is for estimating fees for a proposed project. The actual cost for fees may vary. This is not an approval for work to begin or for permits to be issued.

Date: _____ Owner: _____

Phone: _____ Fax: _____ Email: _____

Project Name: _____

Project Location: _____

Estimated Construction Valuation Of Project (minus land): _____

Building Use Type (circle all that apply): 1 & 2 family res./Multifamily/Retail/Business/Vehicle Repair/
Medical/Storage-Warehouse/Educational/Institutional/Assembly/Hazardous storage or use

Describe the intended use: _____

Floor Area Of Each Use: _____

Seating Capacity (assembly use): _____

Number Of Dwelling Units (multi family) _____

Signature: _____ Name: _____

To be completed by City	
Estimated Permit Fee: _____	Surcharge: _____
Plan Review Fee: _____	Land Disturbance Fee: _____
Estimated WAC/SAC Fees: _____	
City Official: _____	Date: _____

****Additional fees may apply for plumbing, HVAC, fire suppression or alarms, water meter, park dedication, etc.**

This estimate for fees is based on the information provided above and is subject to change.

***Any revisions made to the information provided on this document must be provided in writing on a new form**

SAC/WAC UNIT DETERMINATION WORKSHEET

Facilities which are based on a fixture unit value and/or gallon usage.

(Hospitals, clinics, Laundromat, parking garage, mini storage, park shelter, Library, public shower)

<i>Type of Fixture</i>	<i>Number of Fixtures</i>
Drinking Fountain(s)	
Floor Drains: 2 inch waste	
3 inch waste	
4 inch waste	
Trench Drain (per 6 foot section)	
Sinks: Lab/Exam room	
Bathroom	
Kitchen/break/other	
Surgeon	
Janitor	
Urinals	
Water Closets	
Sterilizers	Gal. Per Min.
X-ray film processors: part time use	GPM
Continuous use	GPM
Dental Vacuum device	GPM
Whirlpools (therapy at doctors office or clinic)	Gallons to Fill
Swimming Pools (non-residential)	Area of pool (sq. ft.)
Public Showers	