



City of Orono
 P.O. Box 66
 2750 Kelley Parkway
 Crystal Bay, MN 55323
 (952) 249-4600

FOR CITY USE ONLY	
Date Received: _____	Permit # _____
Approved By: (If Required): _____	

CITY OF ORONO – WATER METER FORM

(* Note: Some permits may require approval by the Building Official and/or Public Works Department *)

GENERAL INFORMATION

- WATER METERS** must be picked up and paid for at City Hall.
- If possible, fax in this application ahead of time; we will then call you and let you know we have the water meter in stock. Fax Number: (952) 249-4616. Also, you can call ahead of time to make sure we received the fax, or to warn us that the fax is coming.
- WATER METERS must be set and sealed by Orono Water Department (952) 249-4600, upon completion of meter installation.**

TYPE OF PERMIT (Check All That Apply)

- Residential (May Require Approval) Commercial (Approval Required)
 New Meter Additional Meter – For: _____ Replacement Meter

Job Site / Owner Information:

Site Address: _____

Owner: _____ Mailing Address: _____

City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Contractor Information:

Contractor: _____ Contact Person: _____

Address: _____ State License #: _____

City: _____ Zip: _____ Expiration Date: _____

Phone: _____ Alternate Phone: _____

**WATER METER PERMIT FEES
WILL BE CAULULATED BY CITY STAFF**

5/8" METER -
 5/8" HORN -

3/4" METER -
 3/4" HORN -

1" METER -
 1" HORN -

_____" **WATER METER** (THESE WILL HAVE TO BE SPECIAL ORDERED & PRICES DETERMINED)

1. METER FEE: \$ _____
2. HORN FEE \$ _____
3. **TOTAL PERMIT FEE** (Add Lines 1-2 Above) \$ _____

CITY-USE ONLY

* For Current Pricing Refer to Current Year - Water Meter Pricing Chart *

BRAND: _____

SIZE: 5/8" 3/4" 1" Other _____"

SERIAL #: _____

ERT HIGH #: _____ (if applicable)

ADDITIONAL INFORMATION – WATER METERS

The undersigned hereby applies to the City of Orono for issuance of a water meter permit, agrees to do all work in strict accordance with the ordinances of the City and the regulations of the State of Minnesota, and certifies that all statements made on this application are, true and correct.

Applicant: _____ Date: _____

*Original: 1- Address File
Make Copies For: 1- Utility Billing Department 1- Cash Drawer*