

APPLICATION FOR PLUMBING PERMIT

Township/City _____ Receipt Number _____ Permit Number _____

----- Applicant to fill out portion below -----

Project Address _____ Twp/City _____

(Leave blank if address has not been assigned)

City _____ State _____ Zip _____

Applicant _____ Phone (H) _____ (W) _____

Address _____ City _____ State _____ Zip _____

Owner (if other than Applicant) _____ Phone (H) _____ (W) _____

Address _____ City _____ State _____ Zip _____

Plumbing Contractor Name _____ Phone (H) _____ (W) _____

Address _____ City _____ State _____ Zip _____

Project Legal Description _____ **Parcel No.** _____

Section _____ Lot _____ Block _____ Subdivision Name _____

CHECK APPROPRIATE ITEMS BELOW

BUILDING TYPE: Residential _____ Commercial _____ Other _____

New Construction _____ Alteration _____ Replacement _____ Addition _____ Other _____

List in detail type of work being performed: _____

Fixture Quantities: (if rough-in fixtures write R.I.)

Floor Level	Water Closet	Lav/Sink	Bath tub	Show.	Garb. Disp.	Dish-washer	Laundry Tray/Tub/standpipe	Water Soft	Floor Drain	Sump Pump	Water Heater		Drnk fnt.	Slop sink	Urinal	Total Number
											Gas	Elec				
Base																
1st																
2 nd																
3 rd																

Garage Fixtures _____ Other (Fixtures) _____

Municipal sewer: Yes ___ No ___ Municipal water: Yes ___ No ___ Private Well: Yes ___ No ___ Private Septic: Yes ___ No ___

Is work being performed by a licensed plumber: Yes ___ No ___ If yes, License # _____

Total value of work performed \$ _____

I hereby agree that the work for which this permit is issued shall be performed according to the approved plans and specifications, the applicable County/City Ordinances and the Minnesota State Plumbing and Building Codes.

Applicant Signature _____ Date _____

----- County Building Use Only -----

REQUIRED INSPECTIONS: Rough-in visual & #5 air test: Yes ___ No ___ Final Manometer: Yes ___ No ___

Other _____

Approved ___ Denied ___ By Building Official subject to existing regulations and the following conditions: _____

SIGNATURE _____ DATE _____

Additional Comments:

FEES: Permit _____
 Plan Check _____
 State Surcharge _____
TOTAL FEE _____