



For Internal Use Only

Permit Fee: \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

# PLUMBING PERMIT APPLICATION

## Property Information

Address: \_\_\_\_\_ PID Number: \_\_\_\_\_

Legal Description (required if no address have been assigned): \_\_\_\_\_

Applicant is (check one):  Owner  Contractor  Tenant  Other: \_\_\_\_\_

## Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone (W): \_\_\_\_\_ Phone (H): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Contractor Information

*(Contractor must sign application only if they are pulling the permit)*

Company Name: \_\_\_\_\_ Contact Person's Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone (W): \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

MN Registration #/Contractor License #: \_\_\_\_\_

## Master Plumber Information

Company Name: \_\_\_\_\_ Contact Person's Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone (W): \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

MN Registration #/Contractor License #: \_\_\_\_\_

## Project Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Permit Type

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Alteration     |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Repair         |
| <input type="checkbox"/> New         | <input type="checkbox"/> Future Fixture |

LOCATION	WTR CLOSET	BATH TUB	SINK	LAV	LAUNDRY TUB	FLR DRN	SHWR	URIN	SLOP SINK	DRK FTN	DISH WASH	GRS TRAP
Basement												
2 <sup>nd</sup>												
3 <sup>rd</sup>												
4th												

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**Fee Schedule**

**Residential and Commercial Projects**

\$11.00 + \$8.00 Per Fixture

\$40.00 minimum fee

PLUS State Surcharge

Water Heaters are a fixed fee of \$40.00 for Residential and \$75.00 for Commercial (PLUS State Surcharge)

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This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

I hereby certify that all data on this application is true and correct to the best of my knowledge.

Contractor's Printed Name \_\_\_\_\_ Company \_\_\_\_\_

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Homeowner/Builder Printed Name \_\_\_\_\_

Homeowner/Builder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Inspections must be called for at least 24 hours in advance (218) 454-5113.**