



PLUMBING PERMIT APPLICATION

Date of Application: _____

Job Address: _____ **PIN#:** _____

Contractor License# and Expiration Date

OWNER INFORMATION	CONTRACTOR INFORMATION
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

PROPERTY TYPE	CONSTRUCTION TYPE
<input type="checkbox"/> Civic & Institutional <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential - 1 & 2 Family <input type="checkbox"/> Residential - Multi-Family <input type="checkbox"/> Residential - Townhome/Tracthome	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel/Alteration/Repair <input type="checkbox"/> Water/Sewer Service <input type="checkbox"/> New Service Replacing - Well & Septic System

Describe Work:

Value of Work: \$

The undersigned hereby makes application for plumbing work as herein specified, that all the statements are true and that all the work herein mentioned will be done in accordance with City Ordinances and the State of Minnesota Plumbing Code. Permit may be revoked upon violation of any of the above stipulations and provisions. If project involves grading or excavating, I hereby certify that I have read and understand the notice of "Erosion Control Requirements" and will comply with these requirements.

You must call for all required inspections and a final inspection

SIGNATURE:	PRINTED NAME:
-------------------	----------------------

Revised : 2/13/2020