



16319 Kettle River Blvd. Columbus, MN 55025
Phone 651-464-3120

PERMIT NUMBER _____

APPLICATION FOR RESIDENTIAL PLUMBING PERMIT

Project Address: _____ or PID # _____
Property Owner: _____ Phone _____
Address: _____ City: _____ Zip: _____
Plumbing Contractor: _____ License #: _____
Address: _____ City: _____ Phone: _____
Description of Work: _____
No. of Plumbing Fixtures: _____ Estimated Value [labor and materials]: _____

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.

Applicants name [please print]: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____ Date: _____

CITY USE ONLY CITY OF COLUMBUS FEES
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Plumbing Permit Fee: Base \$30.00 + \$10.00 Additional for each fixture +\$1.00 Surcharge

TOTAL DUE: \$ _____

Date Issued: _____ Issued By: _____ Receipt # _____

For inspections give 24-hour notice.