

**COMMERCIAL PLUMBING PERMIT**

Permit # \_\_\_\_\_

Date Received \_\_\_\_\_

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

TO BE FILLED OUT BY APPLICANT INCOMPLETE APPS MAY NOT BE PROCESSED

**SITE ADDRESS:** \_\_\_\_\_ **PID:** \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Plumbing Contractor:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Plumbers License No: \_\_\_\_\_ Contact Name: \_\_\_\_\_

State Bond No: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

*Indicate type of project and fixtures you will be installing or replacing (include count for each type of fixture):*

**Detailed Description of Work:** \_\_\_\_\_  Replacement (one fixture only, no piping or vent changes)

\_\_\_\_\_  Addition/Remodel  Other \_\_\_\_\_

**Valuation:** \_\_\_\_\_  New Construction

**SEWER:**  New Municipal  Existing Municipal  New On-Site Septic  Existing On-Site Septic

**WATER:**  New Municipal  Existing Municipal  New Private Well  Existing Private Well

**PLUMBING FIXTURES**

<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Water Heater	_____ Shower	_____ Laundry Tub	_____ Septic Tank & Drainfield
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ Dishwasher	_____ Rough-In Future Fixture	_____ Urinal
_____ Water Softener	_____ Clothes Washer	_____ Sump	_____ Misc Fixtures
_____ Lawn Sprinkler System	_____ Ice Maker Line	_____ Water Piping System	_____ Laundry Tray/Utility Sink
_____ Water Closet (Toilet)	_____ Hose Bib	_____ Floor Drain	_____ Kitchen Sink & Disp.
_____ Lavatory (Wash Basin)	_____ Bathtub	_____ Vacuum Breakers	
_____ Floor Sink	_____ Drinking Fountain	_____ Roof Leader-Rainwater	
_____ Catch Basin	_____ Piping/Treating Equipment	_____ Water Meter	<b>Total Fixtures:</b> _____

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **Signature of:**  Owner or  Owner's Representative

<p>Permit Fee: \$ _____</p> <p>State Surcharge: \$ _____</p> <p>Investigation Fee / Other Fee: \$ _____</p> <p><b>SUB-TOTAL:</b> \$ _____</p> <p>Other: \$ _____</p> <p>Other: \$ _____</p> <p><b>TOTAL DUE:</b> \$ _____</p>	<p>Issued By: _____</p> <p>Paid: _____</p> <p>Date: _____</p> <p>Check Number: _____</p> <p>Receipt Number: _____</p>
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**24-HOUR NOTICE REQUIRED FOR INSPECTIONS. CALL 952-442-7520.**

**THIS PAGE MUST ACCOMPANY ALL COMMERCIAL PLUMBING PERMIT APPLICATIONS**

The following checklist has been compiled to assist in expediting the commercial plan review and permit issuance process. Please take a moment to review these submittal requirements and to verify all of the necessary documentation prior to submitting your project.

**PLUMBING PERMIT and PLAN REVIEW – THE FOLLOWING ITEMS ARE REQUIRED:**

- Completed permit application including:
  - Site Address (including Suite #) and Business Name
  - Owner
  - Owner Address
  - Telephone Number
  - Contractor Information (if applicable)
  - Valuation of work being performed
  - Description of work being performed
  - Signature of applicant
  - Date
- 2 sets of **Signed** Plumbing Plans
- Utility Site Plan / Floor Plan / Roof Plan
- Water Riser / Soil, Waste, Vent Riser Diagrams
- Plumbing Specifications
- Copy of Plumbers License/Bond
- Complete and provide Service Water Heating Compliance Forms for compliance with the Minnesota State Energy Code (<https://www.ashrae.org/standards-research--technology/standards-forms--procedures>)

**PLUMBING PLAN REVIEW – Please provide the following information:**

Choose one of the following:

- Building Sewer and/or Water Service Only** (no interior plumbing is to be installed)

- Plumbing System** (Water distribution and drain/waste/vent systems within the building, and water and/or sewer service connections, if applicable).

**Total DFU** \_\_\_\_\_

- Interceptors/Separators** (grease interceptors, flammable water interceptors, etc...)

**Number of units** \_\_\_\_\_

- Storm Drainage System**

**Number of internal roof drain openings** \_\_\_\_\_

**Number of storm water interceptors, separators, or catch basin design** \_\_\_\_\_

- Manufactured Home Park or Campground**

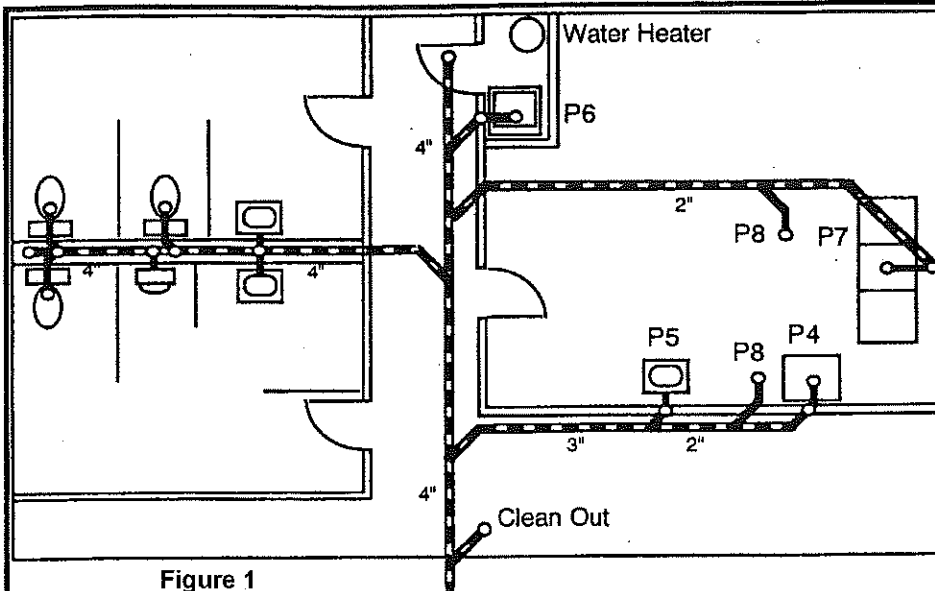
**Number of sites** \_\_\_\_\_

## PLUMBING PLAN REVIEW REQUIREMENTS

Below is a list of requirements necessary to complete a review of plumbing systems in commercial buildings. Please read the following carefully to ensure you provide all required information to **minimize delays** in the plan review process.

1. **Utility Site Plan (if new services are to be installed):** The utility plan must show the locations, sizes and slopes of all sanitary sewer, all storm sewer, and water service piping within the property lines. If wells or sewage treatment systems will be located on the property, they must be shown on the plan so that proper isolation distances can be verified. The utility plan must indicate the pipe materials to be used for each service unless otherwise listed in the specifications. The plan must include a directional reference.
2. **Floor plan:** The floor plan must show the locations of all plumbing fixtures. The sizes and locations of all horizontal sanitary and storm piping must be shown on the plan.
3. **Water Riser Diagram:** The drawing must show an isometric view of the water distribution piping from the water service entrance to the connection to all plumbing fixtures and equipment. The plumbing fixtures, equipment connected to the water distribution system, and all pipe sizes must be clearly labeled on the drawing.
4. **Soil, Waste and Vent Riser Diagram:** The drawing must show an isometric view of the waste and vent piping within the building. All pipe sizes and fixtures must be clearly labeled on the drawing.
5. **Material Specifications:** A list of fixtures, materials, and procedures must be provided which includes the following:
  - a. A list of the fixtures and appurtenances that are connected to the potable water distribution system or that discharge to the sanitary waste system. The list must include manufacturer and model number of each plumbing fixture or appurtenance.
  - b. The type and quality standard (e.g. ASTM, ANSI, etc.) of the pipe materials to be used in the plumbing system, including the type of joints.
  - c. The pressure testing and disinfection procedures.
6. **Roof plan:** A roof plan must be provided *if roof drains will be installed that are piped inside the building*. If no internally piped roof drains will be installed, a roof plan is not necessary for plan review. A statement should be included that the roof is pitched and the building is served by scuppers.
7. **Signature:** All plumbing plans that are submitted to MNSPECT must be signed by a master plumber or a professional engineer who is registered in the State of Minnesota. **Signature and license number must be on each plan sheet.**

# SAMPLE DIAGRAMS

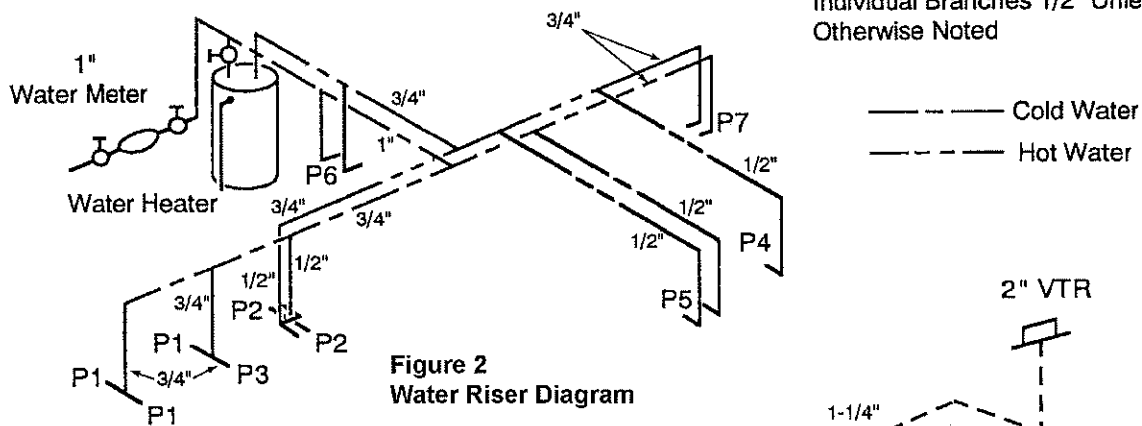


- P1 Tank Water Closet
- P2 Lavatory
- P3 Urinal
- P4 Dishwasher
- P5 Hand Sink
- P6 Mop Sink
- P7 3-Compartment Sink
- P8 Floor Drain (without backwater valve)

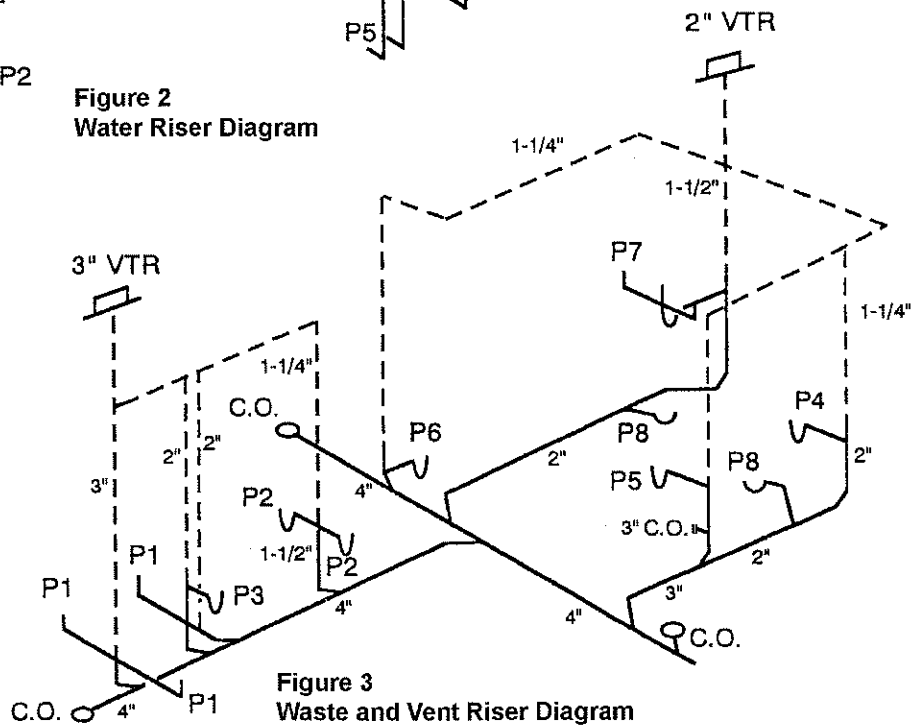
**Figure 1**  
Floor Plan

Maximum Developed Length: 40 Feet  
Pressure Range: 46 - 60 psi

Individual Branches 1/2" Unless  
Otherwise Noted



**Figure 2**  
Water Riser Diagram



**Figure 3**  
Waste and Vent Riser Diagram