



RESIDENTIAL 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:				
<i>Indicate type of project and fixtures you will be installing or replacing (include count for each type of fixture):</i>				
Detailed Description of Work:		<input type="checkbox"/> Replacement (one fixture only, no piping or vent changes)		
		<input type="checkbox"/> Addition/Remodel <input type="checkbox"/> Other _____		
Valuation:		<input type="checkbox"/> New Construction		

PLUMBING FIXTURES			
<u>Quantity</u>		<u>Quantity</u>	<u>Total Fixtures:</u> _____
<input type="checkbox"/> Gas	Water Heater	_____	Shower
<input type="checkbox"/> Electric	Water Softener	_____	Dishwasher
_____	Lawn Sprinkler System	_____	Clothes Washer
_____	Water Closet (Toilet)	_____	Ice Maker Line
_____	Lavatory (Wash Basin)	_____	Hose Bib
_____		_____	Bathtub
_____		_____	Laundry Tub
_____		_____	Rough-In Future Fixture
_____		_____	Sump
_____		_____	Water Piping System
_____		_____	Floor Drain
_____		_____	Water Meter - MUST be installed horizontally

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:
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PRINTED NAME:	Signature of: <input type="checkbox"/> Owner or <input type="checkbox"/> Owner's Representative
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Plumbing Permit Fee: Base \$75.00 + \$5.00 additional per fixture + \$1.00 State surcharge
Fixture Replacement Only (no changes to venting, supply lines or drain lines): \$65.00 + \$1.00 State surcharge
****Additional Water Connection and Sewer Connection permits may be required****

OFFICE USE ONLY

Permit Fee: \$ _____	Issued By: _____ Paid: _____ Date: _____ Check Number: _____ Receipt Number: _____
State Surcharge: \$ _____	
Investigation Fee / Other Fee: \$ _____	
SUB-TOTAL: \$ _____	
Other: \$ _____	
Other: \$ _____	
TOTAL DUE: \$ _____	

24-HOUR NOTICE REQUIRED FOR INSPECTIONS. CALL 952-442-7520.