

## Plumbing permit application

Job site address: \_\_\_\_\_ Unit number: \_\_\_\_\_ Zip code: \_\_\_\_\_

 Total project valuation: \$ \_\_\_\_\_ Applicant is:  Owner and occupant  Contractor  
 (must include fair market value of material and labor cost)

| Property owner *REQUIRED*                |              |
|--|--------------|
| Name: _____                              | Email: _____ |
| Address: _____ Unit number: _____        |              |
| City: _____ State: _____ Zip code: _____ |              |
| Phone: _____                             |              |

| Contractor                               |              |
|--|--------------|
| Name: _____                              | Email: _____ |
| Address: _____ Unit number: _____        |              |
| City: _____ State: _____ Zip code: _____ |              |
| Phone: _____ MN State License #: _____   |              |

| Property use  | Type of structure   | Type of work  |                                   |                                     |                                  |  |   |   |
|---|---|---|-----------------------------------|-------------------------------------|----------------------------------|--|---|---|
| <input type="checkbox"/> Residential<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Industrial<br><input type="checkbox"/> Institutional<br><input type="checkbox"/> Public | <input type="checkbox"/> Principal building<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Accessory building<br><input type="checkbox"/> Temporary building<br><input type="checkbox"/> Swimming pool<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> New building<br><input type="checkbox"/> Existing building: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Addition</td> <td><input type="checkbox"/> Disconnect</td> </tr> <tr> <td><input type="checkbox"/> Remodel</td> <td><input type="checkbox"/> Code compliance</td> </tr> <tr> <td><input type="checkbox"/> Repair/replace</td> <td><input type="checkbox"/> R.P.Z. Overhaul or replacement</td> </tr> </table> | <input type="checkbox"/> Addition | <input type="checkbox"/> Disconnect | <input type="checkbox"/> Remodel | <input type="checkbox"/> Code compliance | <input type="checkbox"/> Repair/replace | <input type="checkbox"/> R.P.Z. Overhaul or replacement |
| <input type="checkbox"/> Addition   | <input type="checkbox"/> Disconnect   |   |                                   |                                     |                                  |  |   |   |
| <input type="checkbox"/> Remodel  | <input type="checkbox"/> Code compliance  |   |                                   |                                     |                                  |  |   |   |
| <input type="checkbox"/> Repair/replace   | <input type="checkbox"/> R.P.Z. Overhaul or replacement   |   |                                   |                                     |                                  |  |   |   |

| Plumbing item(s) – indicate quantity for each |                           |                                |                      |
|---|---------------------------|--------------------------------|----------------------|
| _____ Add basement bath                       | _____ Flammable waste     | _____ Sewage ejector           | _____ Urinal         |
| _____ Add first floor bath                    | _____ Floor drain         | _____ Shower                   | _____ Water closet   |
| _____ Add second floor bath                   | _____ Garbage disposal    | _____ Sillcock/hose bib        | _____ Water cooler   |
| _____ Back-water valve                        | _____ Grease interceptor  | _____ Sink – bar               | _____ Water filter   |
| _____ Bathtub/shower                          | _____ Ice maker           | _____ Sink – food prep         | _____ Water heater   |
| _____ Bathtub without shower                  | _____ Indirect waste      | _____ Sink – handwash/lavatory | _____ Water meter    |
| _____ Dishwasher                              | _____ Laundry tub         | _____ Sink – janitor           | _____ Water pipe     |
| _____ Drinking fountain                       | _____ Pressure v. breaker | _____ Sink – kitchen           | _____ Water softener |
| _____ Fixture rough-in only                   | _____ R.P.Z.              | _____ Sink – three compartment | _____ Whirlpool      |
| _____ Fixture set on existing R.I.            | _____ Roof drain          | _____ Standpipe                | _____ Other: _____   |

| Specific description of work to be completed |
|--|
|  |

Permit becomes void if work does not begin within 180 days or if suspended at any time over the 180 days. Permits issued and inspection made by the city are a public service and do not constitute any representation, guarantee or warrant, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of St. Louis Park regulating building construction. Some or all of the information that you are asked to provide on the application is classified by State law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data. Our purpose and intended use of this information is annually to update our records and records of other governmental agencies required by law. If you refuse to supply the information, the permit may not be issued.

Applicant name and signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                        |            |   |   |
|------------------------|------------|---|---|
| <b>Office use only</b> |            |   |   |
| Permit #: _____        | Fee: _____ | Ck#: _____                              | CC: <input type="checkbox"/> Cash: <input type="checkbox"/> Issue date: _____ |
| Entered: _____         |            | Plumbing inspector approval/date: _____ |   |

| Plumbing permit fees   | Conditions of issuance |
|--|------------------------|
| Plumbing permit fee: _____<br>State surcharge: _____<br>Investigation fee: _____<br><b>Total fees due:</b> _____ |                        |

| Required inspections     |                          |                        |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Default                  |                        |
| <u>Add</u>               | <u>Delete</u>            |                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Consultation           |
| <input type="checkbox"/> | <input type="checkbox"/> | Final                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Manometer test         |
| <input type="checkbox"/> | <input type="checkbox"/> | No inspection required |
| <input type="checkbox"/> | <input type="checkbox"/> | Plumbing disconnect    |
| <input type="checkbox"/> | <input type="checkbox"/> | Pressure test          |
| <input type="checkbox"/> | <input type="checkbox"/> | Rough-in               |
| <input type="checkbox"/> | <input type="checkbox"/> | Rough-in ceiling       |
| <input type="checkbox"/> | <input type="checkbox"/> | Rough-in groundrun     |
| <input type="checkbox"/> | <input type="checkbox"/> | Rough-in wall          |
| <input type="checkbox"/> | <input type="checkbox"/> | Rough-in water piping  |
| <input type="checkbox"/> | <input type="checkbox"/> | Shower pan             |
| <input type="checkbox"/> | <input type="checkbox"/> | Trench                 |