



PLUMBING Permit Application

Office Use Only
APPLICATION NO.: _____

City of Stewartville Township of _____

Related Records: _____

Site Address: _____					
Number	Street	City/State	Zip		
TOWNSHIP/SECTION	SUBDIVISION or METES & BOUNDS DESCRIPTION	BLOCK	LOT	PLAT	PARCEL

Applicant: Owner Contractor Other (describe): _____

Project Name: _____

PROPERTY OWNER	Name _____	Phone () _____	
	Last First MI	Work / Residence	
	Address _____	Fax () _____	
	Number Street		
	City _____	State _____	Zip Code _____
E-mail _____			

CONTRACTOR/ OTHER	Company _____	Phone () _____	
	Last First MI	Work / Cellular	
	Name _____	Fax () _____	
	Address _____	State Lic. No. _____	
	Number Street	Exp. / /	
City _____	State _____	Zip Code _____	
E-mail _____			

ARCHITECT/ DESIGNER/ ENGINEER	Company _____	Phone () _____	
	Last First MI	Work / Cellular	
	Name _____	Fax () _____	
	Address _____	Registration No. _____	
	Number Street	(State of MN)	
City _____	State _____	Zip Code _____	
E-mail _____			

Work Category <i>(check one)</i>	<input type="checkbox"/> New <input type="checkbox"/> Addition	<input type="checkbox"/> Alterations <input type="checkbox"/> Tenant Finish	<input type="checkbox"/> Move/Relocate <input type="checkbox"/> Repair/Replacement
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Permit Type <i>(Check all that apply)</i>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
	<input type="checkbox"/> Residential Fire Sprinkler <input type="checkbox"/> Stand Alone <input type="checkbox"/> Multiple Use (<i>domestic</i>) <i>Attached to domestic water supply</i>	
	Material Used: _____	Value of System \$ _____
	Water Conditioning Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of House sq ft: _____
Certification No.: _____	No. of Levels: _____	

Description of Work: _____

Total Valuation of Work: \$ _____ Permit Fee: _____ Surcharge: _____ Total: _____

PLEASE CONTINUE ON OTHER SIDE

Fixtures <i>Provide Total number of each fixture indicated</i>	<input type="checkbox"/> Bathtub	<input type="checkbox"/> Sewer Ejector
	<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Shower Stall
	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Sump Pump
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Urinal
	<input type="checkbox"/> Laundry Tray	<input type="checkbox"/> Water Closet
	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Water Heater
	<input type="checkbox"/> Lawn Sprinkler	<input type="checkbox"/> Water Softener
	<input type="checkbox"/> Pot & Scullery Sink	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Other _____

Water/ Sewer Information

City Water Well
 City Sewer Septic

Building Main Water Supply Size: _____

I hereby apply for a plumbing permit and I acknowledge that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I acknowledge that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).

I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota, of that I am the legal owner of, and reside in, the above described residential property.

Applicant's Signature: _____ **Date:** ____/____/____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

<p>FEE PARAMETERS</p> <p>Calculated Valuation: \$ _____</p> <p><input type="checkbox"/> Permit Fee</p> <p><input type="checkbox"/> MN Surcharge</p> <p><input type="checkbox"/> Investigative Fee</p> <p><input type="checkbox"/> Other: _____</p>	<p>REQUIRED INSPECTIONS</p> <p><input type="checkbox"/> Underground</p> <p><input type="checkbox"/> Waste & Vent</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Backflow Preventer</p> <p><input type="checkbox"/> Storm Water</p> <p><input type="checkbox"/> Final</p> <p><input type="checkbox"/> Other: _____</p>
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COMMENTS:

PERMIT APPROVED BY: _____ **Date:** ____/____/____