

DO NOT WRITE IN SHADED AREAS

THE CITY OF OWATONNA PLUMBING PERMIT

PERMIT NO.
P-

ADDRESS OF JOB _____ DATE OF APPLICATION _____

LEGAL DESCRIPTION LOT BLOCK ADDITION

OWNER NAME AND ADDRESS CITY STATE ZIP PHONE:

BUSINESS/TENANT NAME

CONTRACTOR NAME (AS LICENSED) CITY LICENSE NO.

CONTRACTOR ADDRESS CITY STATE ZIP PHONE:

CLASSIFICATION OF STRUCTURE:
 (1) Single family detached or duplex (2) Single family attached (condominium, townhome)
 (3) Multi-family residential (apartment, hotel, motel, etc.) (4) Assembly building (public use, church, amusement, restaurant, etc.) (5) Industrial building
 (6) Commercial/retail building (office, mercantile, sales, service, etc.) (7) Educational building (8) Institutional building (hospital, nursing home, jail)
 (9) Other building (parking garage, etc.) (10) Structure other than a building (tower, swimming pool, etc.)

CLASS OF WORK: (1) NEW (2) ADDITION (3) REMODEL (4) REPAIR (5) REPLACED (6) CONVERSION (7) DEMOLITION

TYPE OF FIXTURE	NO. OF FIXTURES PER FLOOR										AGENCY	REQ'D	AGENCY	REQ'D
	1	2	3	4	5	6	7	8	BSMT.	OTHERS				
DISH WASHER											(01) ZONING		(06) BUILDING	
GARB. DISP.											(02) ENGINEERING		(07) MECHANICAL	
SINK											(03) TRAFFIC		(08) PLUMBING	
BATHTUB											(04) FIRE		(09) ELECTRICAL	
SHOWER											(05) UTILITIES		(10) OTHER	
WASH BOWL											NOTE: VALUATION SHOWN SHALL BE BASED ON THE ESTIMATED TOTAL REPLACEMENT COST TO THE OWNER (INCLUDING LABOR, MATERIALS, EQUIPMENT AND INSTALLATION). VALUATION INCREASES INDICATED THROUGH FINANCE DEPT. AUDITS MAY BE SUBJECT TO PERMIT BACK-FEES.			
WATER CLOSET														
URINAL														
AUTO. WASHER														
WASH TUB														
SLOP SINK														
DRINK FOUNTAIN														
WATER HEATER														
FLOOR DRAIN														
GREASE/SAIND TRAP														
LAWN SPRINKLER SYS.											VALUATION OF WORK \$			
WASTE EJECTOR											DOUBLE FEE <input type="checkbox"/>		PERMIT FEE \$	
WTR PIPING/TREATMENT EQUIP.											PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>		PLAN REVIEW FEE \$	
ALTER/REPAIR-VENT/WASTE PIPING											STATE SURCHARGE		\$	
GAS SYSTEMS/NO. OUTLETS											TOTAL FEES: \$			
TOTAL FIXTURES BY FLOORS											APPROVED BY: _____ DATE _____			
TOTAL FIXTURES ON JOB											PERMIT ISSUANCE DATE _____			

APPLICATION ACCEPTED BY _____ PLANS CHECKED BY _____ APPROVED FOR ISSUANCE BY _____

REMARKS _____

NOTES TO APPLICANT:
 SEPARATE PERMITS REQUIRED FOR WIRING, MECHANICAL, BUILDING, RETAINING WALLS & DEMOLITION. PERMIT EXPIRES 180 DAYS FROM ISSUANCE UNLESS WORK IS STARTED BY THAT TIME.
 FOR ALL WORK DONE UNDER THIS PERMIT THE PERMITTEE ACCEPTS FULL RESPONSIBILITY FOR COMPLIANCE WITH THE STATE CODE AND ALL OTHER APPLICABLE LAWS AND ORDINANCES. REQUIRED INSPECTIONS SHALL BE REQUESTED ONE WORKING DAY IN ADVANCE.
 TELEPHONE 451-4541 BEFORE 4:30 P.M.
 APPLICANT NAME _____
 SIGNATURE OF APPLICANT _____ DATE _____

JOB ADDRESS

OWNER