

Plumbing Permit Request Form

Date:

Site Address:

PID:

Owner Information

Address:

Name:

City: State: Zip:

Phone:

Type of Work

- Commercial Residential New Replace Addition

Class of Work

- Alteration

Est. Valuation of Work:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Bathtub | <input type="checkbox"/> Ice-Maker Line | <input type="checkbox"/> Roof Leader-Rainwater | <input type="checkbox"/> Water Closet (Toilet) |
| <input type="checkbox"/> Clothes Washer | <input type="checkbox"/> Kitchen Sink & Display | <input type="checkbox"/> Rough-in Future Fixture | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Lavatory (Wash Basin) | <input type="checkbox"/> Shower | <input type="checkbox"/> Gas <input type="checkbox"/> Electric |
| <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Lawn Sprinkler System | <input type="checkbox"/> Sump | <input type="checkbox"/> Water Softner |
| <input type="checkbox"/> Floor Sink or Drain | <input type="checkbox"/> Piping/Treating Equipment | <input type="checkbox"/> Vacuum Breakers | <input type="checkbox"/> Other: <input type="text"/> |

Plumbing Comments:

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the City Zoning Administrator or designee and the City 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 City and the laws of the State of Minnesota regarding actions taken pursuant to this permit. **I agree to pay all plan review fees even if I choose not to proceed with the work.** 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.

Applicant Signature: Date:

Printed Name: **Signature is of:** Owner Architect Lic. Bldg. Contr. Other:

Office Use Only Below This Line

# of Fixtures:	<input type="text"/>	each \$	<input type="text"/>
Total Cost of Fixtures:	<input type="text"/>		
Plan Review Fee:	<input type="text"/>		
State Surcharge:	<input type="text"/>		
Total Plumb. Permit:	<input type="text"/>		

Paid:	<input type="text"/>
Date:	<input type="text"/>
Receipt:	<input type="text"/>
By:	<input type="text"/>

Building Inspector Approval By: Date:

City Approval By: Date:

Plumbing Permit Routed to Metro West:	Plumbing Permit #
<input type="text"/>	<input type="text"/>



City of Waconia
201 South Vine Street
Waconia, MN 55387
Phone: 952-442-2184
Fax: 952-442-2135
www.waconia.org

Noise Ordinance In Effect: Monday - Friday
before 7:00 a.m. and after 10:00 p.m.
Saturdays/Holidays before 9:00 a.m. and after 10:00 p.m.
Sundays before 10:00 a.m. and after 10:00 p.m.

Plumbing Contractor Information

Name:

Address:

City: State: Zip:

Phone:

PM # Pipelayers Card #: