

PLUMBING PERMIT APPLICATION: COMMERCIAL / INDUSTRIAL

590 40th Avenue NE, Columbia Heights, MN 55421 • PH: 763-706-3670 • www.columbiaheightsmn.gov

DATE RECEIVED: _____

| | | |
|---|---|--|
| **Please Note** | A Licensed Contractor <u>MUST</u> pull the Plumbing Permit & Plan Reviews must be sent to the State. | |
| APPLICANT | <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor | Email: _____ |
| SITE ADDRESS | _____ | |
| PROPERTY OWNER / TENANT | Name: _____ Phone: _____ Address _____ City: _____ State: _____ Zip: _____ | |
| CONTRACTOR Note: A State & City License is required | Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ State License #: _____ Expiration Date: _____ | |
| PROPERTY TYPE | <input type="checkbox"/> Commercial / Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other | |
| TYPE OF WORK Please select all that apply | <input type="checkbox"/> Alteration / Remodel <input type="checkbox"/> New Installation / Construction <input type="checkbox"/> Replacement | |
| | <input type="checkbox"/> Bathroom Sink / Lavatory <input type="checkbox"/> Clothes Washer <input type="checkbox"/> Dishwasher <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Faucet <input type="checkbox"/> Flammable Waste Tank <input type="checkbox"/> Floor Drains <input type="checkbox"/> Gas Piping | <input type="checkbox"/> Grease Trap <input type="checkbox"/> Irrigation <input type="checkbox"/> Kitchen Sink <input type="checkbox"/> Laundry Tray <input type="checkbox"/> Roof Drains <input type="checkbox"/> Shower <input type="checkbox"/> Slop Sink <input type="checkbox"/> Swimming Pool |
| DESCRIPTION OF WORK | <input type="checkbox"/> Urinal <input type="checkbox"/> Toilet <input type="checkbox"/> Water Heater <input type="checkbox"/> Water Meter Install <input type="checkbox"/> Water Piping <input type="checkbox"/> Water Softener <input type="checkbox"/> Backflow Preventer / RPZ Valve <input type="checkbox"/> Other | |
| VALUATION Labor and Materials | \$ _____ | Fees are Based on Valuation, Including the Cost of Labor and Materials. |

THIS IS AN APPLICATION FOR A PERMIT – NOT VALID UNTIL PROCESSED

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Columbia Heights and with the Minnesota Construction Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

PRINT NAME: _____ DATE: _____

SIGNATURE OF APPLICANT: _____

| | | |
|--------------------------|----------|---|
| PERMIT FEE: | \$ _____ | Based on Valuation--(Call for a Quote) 763-706-3670—Minimum Fee of \$65 |
| PLAN REVIEW: | \$ _____ | |
| SURCHARGE: | \$ _____ | (0.0005) Times the Job Valuation |
| CONTRACT LICENSE: | \$ _____ | |
| TOTAL DUE: | \$ _____ | Make Checks Payable to the City of Columbia Heights |