



PLUMBING PERMIT APPLICATION

CITY OF NEWPORT
 2060 1st AVENUE
 NEWPORT, MN. 55055
 651-459-5677

DATE:

PERMIT #	RECEIPT #	CHECK #
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SITE ADDRESS:

Number of Fixtures	
Water Closet	
Lavatory	
Bath Tub	
Shower	
Floor Drain	
Kitchen Sink	
Garbage Disposal	
Dishwasher	
Washer Box	
Laundry Tub	
Sump Pump/Basket	
Water Heater	
Water Softner	
Rough-ins	
Sewer and Water	
Other:	
NUMBER OF	

OWNER
Owner's Name
Owner Address
City/State/Zip
Email
Phone
Type of Building (Res. or Com.)

CLASS OF WORK:
Install new
Alter
Repair

PLUMBER
Company Name and License #
Applicant's Name
Address
City/State/Zip
Email
Phone

TOTAL COST OF PLUMBING PERMIT	
Permit	\$ _____
Plan Review	\$ _____
State Surcharge	\$ _____
Total	\$ _____

COST OF JOB:

Certification

The undersigned hereby makes application for plumbing or sewer work as herein specified, that all statements herein are true and that all work herein mentioned will be done in accordance with City Ordinances, the State of Minnesota, and rulings of the Inspection Department. This permit may be revoked at any time for due cause.

I hereby certify that I have read and examined this application and know the same to be true and correct.

APPLICANT'S SIGNATURE **DATE**

INSPECTOR'S SIGNATURE **DATE**