

PLUMBING PERMIT APPLICATION

Date Submitted: _____
 Date Applicant Notified: _____

Licensing Requirements:

All contractors must provide a copy of their current state license **AND** bond.

Property Information

Property Address:		Bldg./Suite/Location (commercial projects only):	
Owner Name:		Owner Phone Number:	
Email Address:		Owner Cell Number:	
Mailing Address:	City:	State:	Zip:

Applicant/Contractor Information

Applicant Type	<input type="checkbox"/> Primary Owner (Owner Affidavit Form Required)	<input type="checkbox"/> Verified
	<input type="checkbox"/> State License # PC _____	<input type="checkbox"/> Verified
	<input type="checkbox"/> State License # PM _____	<input type="checkbox"/> Verified
Company Name (contractors only):		Company Email Address:
Mailing Address:	City:	State: Zip:
Contact Name:	Contact Phone Number:	Contact Fax Number:

Property Use

Construction Type (See back page for Descriptions and Fees)

<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> MFG HOME	<input type="checkbox"/> NEW
<input type="checkbox"/> ED/INST/RELIG	<input type="checkbox"/> MULTI-FAM (+5)	<input type="checkbox"/> REPLACE
<input type="checkbox"/> GOV/PUB/FAC	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> OTHER *** COMPLETE DESCRIPTION OF WORK***
<input type="checkbox"/> DUP/TRI/QUAD	<input type="checkbox"/> TOWN HOUSE	

Project Details

Describe Work:

Expected Completion Date: _____ Project Value: (including labor and materials)
 \$ _____

IMPORTANT NOTICE: This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. By signing this application, you hereby certify that you have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. Applicant takes full responsibility for all work performed. Applicant is responsible for all plan check fees if permit is cancelled or withdrawn.

Fees

Commercial Permit Fee See current fee schedule	\$ _____
Residential Permit Fee Minimum \$60 or 1.25% of Valuation, whichever is larger	\$ _____
State Surcharge	\$ _____
	\$ _____

TOTAL PERMIT FEE ►

\$ _____

Applicant Signature _____ Date _____

Required Documents

- Commercial Plan must be submitted to the State for Plan Review Prior to City submittal**
- Homeowner Association Owners: You must submit an approval letter from the Homeowners Association for exterior work.
- Mobile Home Owners: You must submit an approval letter from the Park Manager for exterior work on property.
- Building Rental Tenants: You must submit approval letter from Owner or Management Co.
- Homeowners: You must submit "Acknowledgement of Homeowner" form if you are the Applicant.



**CALL 811 BEFORE YOU DIG!
IT'S FREE, AND IT'S THE LAW!**

MINIMUM 48-HR. NOTICE ON INSPECTIONS
Contact 763-717-4020 or permits@ci.mounds-view.mn.us.
ALL PERMITS REQUIRE AN INSPECTION.

Description and Fees

Description	Commercial	Residential	Surcharge
NEW OR REPLACE <ul style="list-style-type: none"> • BATHTUB/SHOWER COMBO • BATHTUB • LAUNDRY STANDPIPE • DISHWASHER • DRINKING FOUNTAIN • FLOOR DRAIN • GARBAGE DISPOSAL • ICE MAKER LINE • IRRIGATION SYSTEM <small>(BACK FLOW PREVENTOR)</small> • KITCHEN SINK • LAUNDRY TRAY/TUB • LAVATORY (BATHROOM SINK) • RADON MITIGATION SYSTEM • RPZ VALVE • SHOWER • SILLCOCK (BIBCOCK/HOSEBIB) • URINAL • WATER CLOSET (TOILET) • WATER HEATER • WATER SOFTENER • WORK/BAR SINK 	Valuation	Minimum \$60 or 1.25% of Valuation, whichever is larger	.0005 x PROJECT VALUE

**Cash, check or credit cards accepted (2.3% fee, minimum of \$2.75)
We Accept Visa, Master Card, Discover and American Express.**