



INSPECTION DEPARTMENT: 952-873-5655

218 Meridian Street North, Belle Plaine, MN 56011

Fax Number: 952-873-5509

PLUMBING PERMIT APPLICATION

PLUMBING PERMIT NUMBER: _____

CLASS OF WORK New Addition Replacement

PLUMBING CONTRACTOR: NAME, ADDRESS, CITY, STATE, ZIP CODE

PHONE NUMBER: _____

OTHER PHONE NUMBER: _____

STATE BOND NUMBER: _____

STATE PLUMBERS LICENSE NUMBER: _____

ESTIMATED VALUE OF WORK TO BE PERFORMED **REQUIRED:** \$ _____

OFFICE USE ONLY

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Water Closet (Toilet) | <input type="checkbox"/> Bathtub | <input type="checkbox"/> Floor Sink or Drain | <input type="checkbox"/> Laundry Tray/Sink |
| <input type="checkbox"/> Lavatory (Wash Basin) | <input type="checkbox"/> Shower | <input type="checkbox"/> Piping/Treating Equipment | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Kitchen Sink & Disposal | <input type="checkbox"/> Urinal | <input type="checkbox"/> Rough-in Future Fixture | <input type="checkbox"/> Water Softener |
| <input type="checkbox"/> Clothes Washer Box | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Lawn Sprinkler System | <input type="checkbox"/> Sump Basket/Pump |
| <input type="checkbox"/> Roof Leader-Rainwater | <input type="checkbox"/> Misc. Fixtures | <input type="checkbox"/> Back Flow Preventor | <input type="checkbox"/> Drinking Fountain |

Number of Fixtures at \$5.00 each: \$ _____

(Minimum Residential Fee is \$49.50.)

State Surcharge: \$ _____

(Minimum Commercial Fee is \$50.00.)

Total Plumbing Permit: \$ _____

(Commercial fee is based on valuation.)

MECHANICAL PERMIT APPLICATION

MECHANICAL PERMIT NUMBER: _____

CLASS OF WORK New Addition Replacement

MECHANICAL CONTRACTOR: NAME, ADDRESS, CITY, STATE, ZIP CODE

PHONE NUMBER: _____

OTHER PHONE NUMBER: _____

STATE BOND NUMBER: _____

ESTIMATED VALUE OF WORK TO BE PERFORMED **REQUIRED:** \$ _____

WARM AIR

UNDERGROUND DUCT SYSTEM: Yes () No ()

Gravity _____ Forced _____
Input B.T.U. _____ Output B.T.U. _____

GAS FITTINGS

- | | | |
|--------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Dryer | <input type="checkbox"/> Water Heater | <input type="checkbox"/> Furnace |
| <input type="checkbox"/> Gas Log | <input type="checkbox"/> Unit Heater | <input type="checkbox"/> Grill |
| <input type="checkbox"/> Stove | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Boiler |
| <input type="checkbox"/> Other _____ | | |

AIR CONDITIONING SYSTEM

Tons _____ CFM _____ Ductwork _____

WET HEAT

Baseboard _____ In-Floor (Wirsbo) _____ Input B.T.U. _____

VENTILATION

Exhaust Only

Number of Fans _____ Type _____
C.F.M. Delivered _____

Air Exchange Unit

HRV _____ ERV _____
Minimum CFM _____ Maximum CFM _____

OFFICE USE ONLY:

Mechanical Permit Fee: \$ _____

State Surcharge: \$ _____

Total Mechanical Permit: \$ _____

(Minimum Residential Fee is \$49.50.)

(Minimum Commercial Fee is \$50.00.)

(Commercial fee is based on valuation.)

Mechanical or Plumbing Comments:

