



**City of Belle Plaine**  
 218 N. Meridian Street  
 P.O. Box 129  
 Belle Plaine, MN 56011

**Inspection Department**  
 Building Official, Jim Tiegs  
**Phone:** 952-873-5655  
**Fax:** 952-873-5509

# PLUMBING PERMIT APPLICATION

**PERMIT:**

<b>SITE</b>	Address: _____			Belle Plaine, MN
PID:	Lot Number:	Block Number:	Subdivision:	
<b>OWNER</b>	Name: _____			Phone: _____
Address: _____				E-Mail: _____
<p>Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of Belle Plaine Zoning Administrator or designee and the City of Belle Plaine Building Official or designee to enter upon the property to perform needed inspections. If entry is refused, the Building Official shall have recourse to the remedies by law to secure entry. Permit may be suspended or expired when building and work is not commenced within <b>180 days</b> from the date of Permit issued, or if building and work suspended, abandoned or not inspected for <b>180 days</b>. I agree to pay all plan review fees, even if I choose not to proceed with the work. Refunds shall be per the City of Belle Plaine Fee Schedule. A request in writing shall be submitted within 180 days of fee payment by the original applicant. <b>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 of the ordinances of the City and the Laws of the State of Minnesota regarding actions taken pursuant to this permit.</b></p>				
SIGNATURE OF APPLICANT: _____				DATE: _____

<b>STRUCTURE USE:</b>	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<b>WORK CLASS:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Replacement
<b>CONTRACTOR</b>	<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor / Company:						
Phone: _____				Contractor's License: _____			
Address: _____ City, State, Zip Code: _____				E-Mail: _____			
<b>WORK DESCRIPTION:</b>						<b>VALUATION: \$</b> <i>(Labor &amp; Materials)</i>	

FIXTURES PROPOSED			
<input type="checkbox"/> Backflow Preventer	<input type="checkbox"/> Lawn Sprinkler System	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Kitchen Sink & Disposal
<input type="checkbox"/> Bathtub	<input type="checkbox"/> Roof Leader-Rainwater	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Rough-in Future Fixtures
<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> 2 <sup>nd</sup> Meter	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Misc. Fixtures
<input type="checkbox"/> Floor Sink or Drain	<input type="checkbox"/> Urinal	<input type="checkbox"/> Laundry Tray/ Sink	
<input type="checkbox"/> Lavatory ( <i>Wash Basin</i> )	<input type="checkbox"/> Washer Stand Pipe	<input type="checkbox"/> Piping/ Treating Equip.	
<input type="checkbox"/> Shower	<input type="checkbox"/> Water Closet ( <i>Toilet</i> )	<input type="checkbox"/> Sump Basket/ Pump	

OFFICE USE ONLY PLUMBING FEES	
<b>Plumbing Permit Fees</b> (Residential Min. \$50.00 / Commercial Min. \$75.00)	
Number of Fixtures: _____	Date Received: _____
Permit Fee: \$ _____	Form of Payment: _____
State Surcharge: \$ _____	Issue Date: _____
Other: \$ _____	Transaction Number: _____
Total: \$ _____	Issued By: _____
Building Official or Designee: _____	Date: _____
Zoning Administrator or Designee: _____	Date: _____