

Office use only

Permit no.

Site address

Date

Tenant/building name

Suite/unit no.

Applicant is Architect/engineer Contractor Owner

Condominium no.

Property owner

Name

Phone

Address

City

State

Zip

Contractor

Name

Address

City

State

Zip

Phone

Cell phone

License no.

Architect/engineer

Name

Address

City

State

Zip

Phone

Cell phone

Registration no.

Class of work

Check only one.

1 New

2 Addition

3 Alteration/remodel

4 Maintenance/repair/replace

Type of structure

Check only one.

01 Single-family residential

45 Recreational, amusement

02 Single-family connected to single family

46 Other non-housekeeping shelter

03 Residential garage

65 Industrial buildings

30 Two-family residential

70 Public works and utilities building

31 Three-four family residential

80 Public schools

32 Multiple-family residential

81 Private schools

40 Offices, banks, professional

85 Churches and religious buildings

41 Stores, restaurants, warehouse

88 Hospitals and institutional buildings

42 Hotels, motels

93 Other non-residential building

43 Parking garage

95 Fences, signs, antennas

44 Service stations and repair garage

96 Other non-building structures

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Project details

Job valuation \$ _____ Estimated completion date _____

Description of work to be done _____

Fixtures - Residential plumbing only

Provide total number of each fixture indicated.

___ Bath tub	___ Floor drain	___ Sewer alt/rep	___ Sump pump	___ Water supply
___ Bidet	___ Floor trap	___ Sewer ejectors	___ Water closet	___ Other group A
___ Dishwasher	___ Laundry tray	___ Shower stall	___ Water heater	_____
___ Disposal	___ Lavatory	___ Sink	___ Water softener	_____

Gas piping - Residential plumbing only

Provide total number of each fixture indicated.

___ Clothes dryer	___ Light	___ Stove	___ Other, specify
___ Grill	___ Oven	___ Water heater (Up to 99,000 BTU)	_____
___ Incinerator	___ Plate		_____

Lawn sprinkler anti-syphon systems. Number installed _____

Other group B fixtures. *Specify.* _____

Pool heater up to 199,000 BTU. Number installed _____

Other group C fixtures. *Specify.* _____

Effective 1/1/2017 **FEES** 2% of job valuation plus state surcharge. (Job valuation X .0005). Minimum fees: Residential \$55 plus state surcharge; Commercial \$65 plus state surcharge. Plan review fee: 10% of permit fee when job valuation exceeds \$50,000.

Please read and sign

I hereby apply for a plumbing permit and I acknowledge that the information provided herein is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Building/Plumbing 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.

Applicant's printed name

Applicant's signature

Date

Please do not write below this line

Conditions of issuance _____

Fee information

Other fees? Yes No Describe _____ Amount \$ _____

Double fee? Yes No

Number of additional inspections: _____

Permit approved by _____ Date _____