



Plumbing Permit Application

Project Address/Description or Property PIN							
Building Square Footage			Type/Use of Building			Valuation (labor and materials)	
Owner Information				General Contractor Information			
Name				<input type="checkbox"/> Homeowner – Requires Homeowner Statement			
If business, Contact Name				Company Name			
Address				Contact Name			
City, State, Zip				Address			
Phone				City, State, Zip			
Email				Phone			
Other Information				Email			
Preferred Contact Method: (Check One)		<input type="checkbox"/> Phone	<input type="checkbox"/> Email	License Number		Expiration	
Class of Work (check one)				Preferred Contact Method: (Check One)		<input type="checkbox"/> Phone	<input type="checkbox"/> Email
<input type="checkbox"/> New (New building)				<input type="checkbox"/> Add (Addition to existing building)			
<input type="checkbox"/> Alter (Modify existing building)				<input type="checkbox"/> Repair/Replace (Modify existing materials)			
<input type="checkbox"/> Renew (Application/Permit)							
Describe Work Being Done:				Note: Plumbing plans for ALL commercial jobs must be approved by the MN Dept of Health. Food, beverage and lodging establishments must be licensed by Washington County.			
Fixture	Qty	Fixture	Qt	Fixture	Qty	Fixture	Qty
Water Closet (Toilet)		Bath Tub		Urinal		Shower	
Bath Lavatory (Sink)		Bidet		Laundry Tray		Clothes Washer	
Floor Drain		Service Sink		Combination/Kitchen Sink		Dishwasher	
Garage Drain		Drinking Fountain		Gas Water Heater		Electric Water Heater	
Water Softener		Other:		Other:		Other:	
Notice: Separate permits are required for building, HVAC, utility connections and electrical. This application shall be considered abandoned after 180 days unless permit is issued; Minnesota Rules 1300.0120, Subp 9. All provisions 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 state law or local law regulating construction or the performance of construction. Minnesota Rules 1300.0120, Subp 14 Submission of this application hereby gives permission for any city official who had the responsibility to perform a duty related to this application to enter this property during a reasonable time for the purpose of determining the merits of your request; § 10.20 ENFORCEMENT, C. I hereby certify that I have read and examined this application and know the same to be true and correct.							
						Applicant (Check one)	
Signature of Applicant _____						Date _____	
						<input type="checkbox"/> Owner <input type="checkbox"/> Contractor	
Office Use		Additional Fixture: _____ X \$9.00 = _____ State Surcharge: _____ \$1.00 Total: (Base+Add'l+SSC) _____ Minimum Total: _____ \$60.00		Valuation: _____ X 0.02 = _____ Plan Review: _____ State Surcharge: _____ Total: (Base+Val+Plan+SSC) _____			
Permit Number (office use)				Email: flinspections@ci.forest-lake.mn.us		Application Number (office use)	

Designer List

Please identify all designers involved in this project.

Discipline	Name	Phone	Email	Preferred Contact	
Plumbing				<input type="checkbox"/> Phone	Email <input type="checkbox"/>