



PLUMBING PERMIT APPLICATION

Appl: # _____

\$ _____ (Invoice)

3400 Plymouth Boulevard
Plymouth, MN 55447
General Information (763)509-5430
Inspection Scheduling (763)509-5449
FAX (763) 509-5407

Property Location: _____

~ OR ~

Legal Description: Lot _____ Block _____ Subdivision Name _____

Property I.D. (PIN) No. _____

*For non-invoiced customers, permits may be mailed in or faxed in (if no plans are required).
You will be called with the permit fee when the permit is ready to be picked up and paid for IN PERSON in Community
Development at City Hall. Note: Checks are not to be mailed with the permit application.*

Permit Type: (Check appropriate boxes)

☐ Fixtures (Installation or replacement only) – Indicate number of each

_____ Dishwasher*	_____ Disposal	_____ Bathtub
_____ Floor Drain	_____ Floor Trap	_____ Drinking Fountain
_____ Laundry Tray	_____ Lavatory (bath sink)	_____ Hose Bib
_____ Sewer Ejector	_____ Shower	_____ Mop Sink
_____ Sump Pump	_____ Urinal	_____ Sink (kitchen, bar)
_____ Water Heater	_____ Water Softener	_____ Water Closet (toilet)*
		_____ Other

***For one or two family dwellings (including townhomes): A permit is NOT required for the reconnection or replacement of these items when such work does not involve the alteration of the existing water supply or existing plumbing piping system.**

☐ Alteration/Repair (Changes or modifications to plumbing system, piping only)

☐ Yard Sprinkler

☐ Water Meter (Indicate Size)

☐ 3/4"

☐ 1"

☐ 1 1/2"

C = Compound (for potable use)

☐ 2" C

☐ 3" C

☐ 4" C

T = Turbo (for process piping or irrigation systems only)

☐ 2" T

☐ 3" T

☐ 4" T

Estimated Cost: (Required) \$ _____

Proposed Use:	Residential	Non-Residential
Single Family Detached	<input type="checkbox"/>	Church <input type="checkbox"/>
Townhouse	<input type="checkbox"/>	Commercial <input type="checkbox"/>
Two Family	<input type="checkbox"/>	Industrial <input type="checkbox"/>
Multi-Family	<input type="checkbox"/>	Public <input type="checkbox"/>
		Other _____

PLEASE CONTINUE ON OTHER SIDE

Applicant is: ☐ Contractor ☐ Other ☐ Owner ☐ Tenant

Name: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone No.: _____

License # _____ Telephone No.: _____ (Bus., pager, mobile)

Tenant: (If applicable) _____ Unit/Suite # _____

Describe Proposed Work: _____

Are you approved as an Invoice Contractor? ☐ Yes ☐ No

If yes, are the fees for this permit to be invoiced? ☐ Yes ☐ No

PERMIT FEE SCHEDULE

<i>FIXTURES & ALTERATIONS</i>	<i>YARD SPRINKLER ONLY</i>	<i>WATER METERS</i>		
A. Permit Fee: 2% x Job Cost, (\$45.00 min.)	A. Permit Fee: \$45.00	¾" = \$343.00	2"T = \$1,073.00	2"C = \$2,374.00
B. State Surcharge Fee: .0005 x Job Cost, (when job cost is \$1,000,000 or less)	B. State Surcharge: 1.00	1" = \$465.00	3"T = \$1,203.00	3"C = \$2,836.00
Total Fee: (A + B)	Total Fee \$46.00	1½" = \$604.00	4"T = \$1,788.00	4"C = \$3,699.00

I HEREBY APPLY FOR A PLUMBING PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE;
I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE
FOLLOWING: (1) THE CONDITIONS OF THE PERMIT, (2) THE APPROVED PLANS AND SPECIFICATIONS, (3) THE APPLICABLE CITY
APPROVALS, ORDINANCES AND CODES, (4) THE STATE BUILDING CODE.

I UNDERSTAND THAT THE PERMIT WILL EXPIRE AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS OR IF WORK
IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND, THAT I AM RESPONSIBLE
FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE BUILDING CODE.

Applicant's Signature

Date

Please Print Applicant's Name

For Plan Review Use Only

Inspection Types (To be checked)

☐ Final ☐ Other ☐ Rough In

Additional Fee

☐ Penalty Fee

Authorized For Issuance: ☐ Yes ☐ No

If not, why? _____

Permit Purpose (Remarks) _____

Signature: _____

Date: _____