

Building Inspections 763-572-3604 763-502-4977 FAX	<h2 style="margin:0;">PLUMBING</h2> <h1 style="margin:0;">RESIDENTIAL APPLICATION</h1> <h2 style="margin:0;">CITY OF FRIDLEY</h2> <p style="font-size: small; margin:0;">EFFECTIVE 06/14/2018</p>	Permit No.: _____ Received By: _____ Date Rec'd: _____
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DATE _____ YOUR E-MAIL ADDRESS _____

SITE ADDRESS _____

THIS APPLICANT IS: OWNER CONTRACTOR

PROPERTY OWNER/ TENANT	NAME: _____ ADDRESS: _____ CITY _____ STATE _____ ZIP _____ PHONE: _____
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CONTRACTOR SUBMIT A COPY OF YOUR STATE LICENSE, BOND AND CERTIFICATE OF INSURANCE	NAME: _____ STATE LICENSE PC# _____ EXP DATE _____ STATE BOND MB# _____ EXP DATE _____ ADDRESS: _____ CITY _____ STATE _____ ZIP _____ PHONE _____ FAX _____
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PERMIT TYPE	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> TOWNHOUSE
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TYPE OF WORK:	<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT
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DETAILED DESCRIPTION OF WORK _____

FEES ARE BASED ON \$10.00 PER FIXTURE, EXCEPT WHERE NOTED. FIXTURES: (INDICATE TOTAL NUMBER OF EACH BELOW).

___ BATH SINK/LAV	___ FLOOR DRAINS	___ SWIMMING POOL	___ WATER PIPING
___ BATHTUB	___ KITCHEN SINK	___ WATER CLOSET	___ WATER SOFTNER (\$35)
___ CLOTHES WASHER	___ LAUNDRY TRAY	___ WATER HEATER (\$35)	___ BACKFLOW PREV. (\$15)
___ DISHWASHER	___ SHOWER	___ WATER METER	___ FOR IRRIGATION
			___ OTHER

Number of fixtures @ \$10.00 _____ x \$10.00 = \$ _____

Number of fixtures @ \$15.00 _____ x \$15.00 = \$ _____

Number of fixtures @ \$35.00 _____ x \$35.00 = \$ _____

State Surcharge \$ _____ 1.00

(MINIMUM \$35.00 plus surcharge) Total = \$ _____

THIS IS AN APPLICATION FOR A PERMIT-NOT VALID UNTIL PROCESSED

I hereby apply for a plumbing permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Fridley and with the Minnesota Construction 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 on site; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

SIGNATURE OF APPLICANT _____ PRINT NAME _____ DATE _____

APPROVAL INSPECTORS SIGNATURE _____ DATE _____

PLEASE NOTE: SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL AND MECHANICAL WORK