

CITY OF GLENCOE
 1107 11th Street East, Suite 107
 Glencoe, MN 55336
 Phone: 320-864-5586

Ask for our Plumbing
 Handout

PLUMBING PERMIT

 Routed to MNSPECT

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

SITE ADDRESS:		PID:	
PROPERTY OWNER:		Address:	
City:	State:	Zip:	Email:
Contact Name:		Phone:	
Plumbing Contractor:		Address:	
City:	State:	Zip:	Phone: Fax:
Plumbers License No:		Contact Name:	
State Bond No:		Contact Phone:	
Email:			

Indicate type of project and fixtures you will be installing or replacing (include count for each type of fixture):

Detailed Description of Work:	<input type="checkbox"/> Replacement (one fixture only, no piping or vent changes)
	<input type="checkbox"/> Addition/Remodel <input type="checkbox"/> Other _____
	<input type="checkbox"/> New Construction

PLUMBING FIXTURES		
<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Water Heater <input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ Shower	_____ Laundry Tub
_____ Water Softener	_____ Dishwasher	_____ Rough-In Future Fixture
_____ Lawn Sprinkler System	_____ Clothes Washer	_____ Sump
_____ Water Closet (Toilet)	_____ Ice Maker Line	_____ Water Piping System
_____ Lavatory (Wash Basin)	_____ Hose Bib	_____ Floor Drain
	_____ Bathtub	

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. 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 ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINTED NAME: _____ **Signature of:** Owner or Owner's Representative

OFFICE USE ONLY

Permit Fee: \$ _____ State Surcharge: \$ _____ Investigation Fee / Other Fee: \$ _____ License Check (\$5) \$ _____ SUB-TOTAL \$ _____ Other: \$ _____ Other: \$ _____ TOTAL DUE: _____	<input type="checkbox"/> Handout Given _____ <input type="checkbox"/> License Verification By _____ City Approval By _____ Paid _____ Date _____ Receipt Number _____
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Special Conditions of Permit: