

**CITY OF SARTELL
APPLICATION FOR PLUMBING PERMIT**

Owner _____ Phone: _____
 Site Address: _____
 Residential _____ Commercial _____
 Type of Construction: New _____ Remodel _____
 Estimated Value of Work (Comm. Only) _____

Plumbing Permit Number	_____
Building Permit Number	_____
Date Issued	_____
Permit Fee <i>(min. \$30.00/\$50.00 commercial)</i>	\$ _____
State Surcharge (\$1.00)	\$ _____
Total Fee	\$ _____
Paid/Check #	_____

NOTE:
All inspections require 24-hour notice, call (320)258-7317.
 Minimum fee includes one rough in & one final inspection.
 Permit expires if work is suspended or abandoned for a period of more than 180 days.

Item	Quantity	Item	Quantity	Item	Quantity
Backflow Preventer (RPZ)	_____	Showers	_____	Drain, Waste and Vent:	
Bathtubs	_____	Sinks	_____	ABS	_____
Drinking Fountains	_____	Sewage Ejector	_____	PVC	_____
Floor Drains	_____	Urinal	_____	Other	_____
Grease Traps	_____	Washer Stand Pipe	_____	Sewer Hookup	_____
Inflammable Traps	_____	Water Closet	_____	Water Hookup	_____
Laundry Tubs	_____	Water Heater	_____	Roof Drains	_____
Lavatories	_____	Water Conditioner	_____	Potable Water	
Lawn Sprinkler System	_____	Sump Pump	_____	Copper	_____
				PEX	_____
				Other	_____

Additional Info/Description of Work _____

The undersigned hereby makes application for a permit for the work herein specified, agreeing to do all such work in strict accordance with all applicable codes and ordinances and hereby declares that all the facts and representation stated in this application are true and correct and that the property owner has accepted these materials and equipment.

Plumbing Contractor: _____ Tel #: _____

State License # _____ State Bond # _____

Email: _____

Contractors Signature _____ Name (print) _____

Homeowners Signature _____ Name (print) _____

Approved By : _____ Date: _____



City of Sartell
 125 Pinecone Road North
 Sartell, MN 56377
 Office: 320.258.7317
 Fax: 320.253.3337