

For Internal Use Only
Permit Fee: \$
Receipt #

## PLUMBING PERMIT APPLICATION

		Property In	ıformation				
Address:	dress: PID Number:						
Legal Description (red	quired if no address ha	ave been assigned): _					
Applicant is (check or	ne): 🗆 Owner	□ Contractor □	Tenant 1	☐ Other:			
		0 1					
Tomana		Owner Inf					
Address:	Street		City	S	fate	Zip	
'hone (W):		Phone (H):		Fax:			
Email:							
		Contractor 1					
	(Contractor m	ust sign application		ulling the permit)			
Company Name:	١	Cor	ntact Person's Na	me			
Address:	Street						
	Street Ema				tate	Zip	
	ontractor License #: _						
viiv Registration #/CC	muactor Execuse π						
		Master Plumbe	er Information				
Company Names							
		Cor	naci Person's Na	me			
Address:	Street		City	S		Zip	
	Ema						
/IN Registration #/Co	ontractor License #: _						
		*			-		
		Project De	escription				
		Permit	Type				
☐ Commercial			☐ Alteration				
_			□ Repair				
				ture			

Baxter City Hall,13190 Memorywood Drive, Baxter, MN 56425 <a href="https://www.baxtermn.gov">www.baxtermn.gov</a> email: bp@baxtermn.gov

LOCATION	WTR CLOSET	BATH TUB	SINK	LAV	LAUNDRY TUB	FLR DRN	SHWR	URIN	SLOP SINK	DRK FTN	DISH WASH	GRS TRAP
Basement												
2 <sup>nd</sup>												
3 <sup>rd</sup>												
4th												

## Fee Schedule Residential and Commercial Projects

\$11.00 + \$8.00 Per Fixture \$40.00 minimum fee PLUS State Surcharge (\$1.00 minimum)

## Water Heaters are a fixed fee of \$40.00 for Residential and \$75.00 for Commercial (PLUS State Surcharge)

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. 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 other state or local law regulating construction or the performance of construction.

I hereby certify that all data on this application is true an	d correct to the best of my knowledge.
Contractor's Printed Name	Company
Contractor's Signature	Date
Homeowner/Builder Printed Name	
Homeowner/Builder Signature	Date

Inspections must be called for at least 24 hours in advance (218) 454-5109.