



126 N Marshall Ave
Litchfield, MN 55355
(320) 693-7201

PLUMBING PERMIT

PROJECT VALUATION

SITE ADDRESS:

PROPERTY OWNER:

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Contact Name: _____ Phone: _____

CONTRACTOR:

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Plumbers License No: _____ Contact Name: _____

State Bond No: _____ Contact Phone: _____

Email: _____

Detailed Description of Work:

Replacement (one fixture only, no piping or vent changes)

Addition/Remodel Other _____

New Construction

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

PLUMBING FIXTURES

<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Water Heater	_____ Shower	_____ Laundry Tub	_____ Urinal
_____ Gas Electric	_____ Dishwasher	_____ Rough-In Future Fixture	_____ Drinking Fountain
_____ Water Softener	_____ Clothes Washer	_____ Sump	_____ Catch Basin
_____ Lawn Sprinkler System	_____ Ice Maker Line	_____ Water Piping System	_____ Piping/Treating Equipment
_____ Water Closet (Toilet)	_____ Hose Bib	_____ Floor Drain	_____
_____ Lavatory (Wash Basin)	_____ Bathtub	_____ Septic Tank & Drain Field	_____

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. 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

City Approval By: _____ **Date:** _____

Permit Fee: \$ _____

Cash or Check #: _____

State Surcharge: \$ _____

Date: _____

Other Fee: \$ _____

Receipt Number: _____

TOTAL DUE \$ _____

Special Conditions of Permit:

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

OFFICE USE ONLY