



PLUMBING PERMIT APPLICATION

CITY OF LAKEVILLE
 BUILDING INSPECTIONS DEPARTMENT
 20195 HOLYOKE AVENUE
 LAKEVILLE, MN 55044
 952-985-4440
www.lakevillemn.gov

Office Use Only
Permit Number _____
Received By _____
Date Received _____
Permit Fee _____

DATE _____ YOUR E-MAIL ADDRESS _____

SITE ADDRESS _____

TENANT _____ SUITE NO. _____

THE APPLICANT IS: RESIDENT OWNER CONTRACTOR

RESIDENT OWNER	NAME _____		
	ADDRESS _____		
	CITY _____	STATE _____	ZIP _____
	DAYTIME PHONE # WHERE YOU CAN BE REACHED _____		
CONTRACTOR <small>Company name must be as appears on State License</small>	COMPANY NAME _____ LICENSE # _____		
	ADDRESS _____		
	CITY _____	STATE _____	ZIP _____
	OFFICE PHONE # _____	FAX # _____	
	CONTACT NAME _____		PHONE _____
PERMIT TYPE	COMMERCIAL ONLY	RESIDENTIAL ONLY	
	COMM PLMBG SYSTEM COMM/MULTI-FAMILY LAWN SPRINKLER FIRE SPRINKLER BACKFLOW INSTALLATION	LAWN SPRINKLER WATER SOFTENER WATER HEATER	INSIDE PLBG CONVERSION ADDN/REPAIR MISC (fill description)
	<i>Residential Permits Available on-line</i>		
TYPE OF WORK	NEW	ADDITION	ALTER / REMODEL
	REPAIR	REPLACE	DEMOLITION

JOB DESCRIPTION _____

RESIDENTIAL FEES:

Repairs/Remodel, Water Heater or Water Softener \$40.00 + State Surcharge (\$1.00)

COMMERCIAL FEES:

JOB COST: \$ _____	Example: \$12,000 Job Cost
1-1/2% of contract cost up to \$10,000	\$10,000.00 x 1.5% = \$150.00
1% of cost above \$10,000 plus surcharge	\$ 2,000.00 x 1% = + 20.00
(Surcharge = Contract Cost x .0005)	\$12,000 x .0005 = + 6.00
TOTAL	= = \$176.00

Minimum of \$40.00 + State Surcharge (\$1.00)

NO. OF METERS	SIZE OF METER	LOCATION OF METER

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 Lakeville and with the Minnesota Plumbing 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; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

NAME OF APPLICANT (Please Print) _____ Date _____

SIGNATURE OF APPLICANT: _____

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

OFFICE USE

SYSTEM TYPE:

- _____ NEW
- _____ ADDITION
- _____ REPLACE
- _____ ALTER/REMODEL
- _____ REPAIR
- _____ DEMOLITION

REQUIRED INSPECTION:

- _____ COMBUSTION AIR
- _____ FINAL
- _____ OTHER _____
- _____ ROUGH IN
- _____ BACKFLOW TEST REPORT
- _____ UNDERGROUND

PERMIT FEE _____

- PERMIT FEE: \$ _____
- SURCHARGE: \$ _____
- METER: \$ _____
- REDUCING VALVE: \$ _____
- MXU: \$ _____
- OTHER: \$ _____
- TOTAL: \$ _____

ISSUED BY: _____ DATE: _____
