



# PLUMBING

## Permit Application

Office Use Only

Notes:  Scan

**Permit Total:**  
\$ \_\_\_\_\_

### City of Elk River

Fire and Building Safety Division

13065 Orono Parkway NW • Elk River, MN 55330  
763.635.1060 • E-mail: [ERFD.FABS@ElkRiverMN.gov](mailto:ERFD.FABS@ElkRiverMN.gov)

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

**Site Address:** \_\_\_\_\_ **PID #** \_\_\_\_\_

Property Type:  Single Family  Multi-family  Twin home

Construction Type:  New  Addition  Remodel  Repair  Alteration  Other \_\_\_\_\_

The Applicant Is:  Owner  Contractor  Other \_\_\_\_\_

### Property Owner:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

### Contractor:

Business Name \_\_\_\_\_ License/Bond \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### Payment Options:

Call me for credit card payment (If different than above, please note: Phone: \_\_\_\_\_)

Send Check (Please make checks payable to the City of Elk River)

Pay in person via Credit Card, Check, or Cash

### Receipt of Permit Options:

Email permit (If different than above, please note: Email : \_\_\_\_\_)

Pick up in person (All permits with plans needs to be picked up)

**• PLEASE COMPLETE OTHER SIDE OF APPLICATION •**

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Hard Card  or Soft Card  - Soft card reference permit # \_\_\_\_\_

Called  or L/M  Date: \_\_\_\_\_ Int. \_\_\_\_\_

**Detailed description of work:**

**Fixtures (indicate total number of each):**

___ Bathtub	___ Lavatory (RI)	___ Tub Shower (RI)
___ Clothes Washer	___ Sewage Pump	___ Vac Breaker
___ Dishwasher	___ Shower	___ Water Closet
___ Floor Drain	___ Shower (RI)	___ Water Closet (RI)
___ Kitchen Sink/Disposal	___ Standpipe/Wash box	___ Water Heater *
___ Laundry Tray	___ Sump Pump	___ Water Meter
___ Lavatory	___ Tub Shower	___ Water Softener
___ Other (describe) _____		

**\* If installing a gas water heater, please indicate if someone else will be doing the gas piping:**

Name \_\_\_\_\_ State Mechanical Bond # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

*All fees are based on valuation, including cost of labor and materials (minimum fee is \$45 + state surcharge)*

**Total Job Valuation \$** \_\_\_\_\_ (Cost of labor & materials)

Permit Fee \$ \_\_\_\_\_ (1 1/2 % of Total Job Valuation – minimum of \$45)

Surcharge \$ \_\_\_\_\_ (.0005 x Total Job Valuation)

**Total Due \$** \_\_\_\_\_

----- **This is an application for a permit – It is not valid until processed** -----

I hereby apply for a Plumbing Permit, and I acknowledge that the information above is complete and accurate. I understand this is not a permit and work is not to start without a permit.

I understand and hereby agree that the work for which the permit issued shall be performed according to; (1) the conditions of the permit; (2) the approved plans and specifications; (3) the applicable city approvals, ordinances, and codes; and, (4) the state building/mechanical codes and regulations.

I understand that the permit will expire, and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days any time after work has commenced; and, that I am responsible for ensuring that all required inspections are requested in conformance with the state building code.

<b>Signature of Contractor/Responsible Party</b>	<b>Print Name</b>	<b>Date</b>
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<b>Signature of Property Owner</b>	<b>Print Name</b>	<b>Date</b>
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