



# PLUMBING APPLICATION FOR PERMIT

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

DATE \_\_\_\_\_ YOUR E-MAIL ADDRESS \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_

TENANT \_\_\_\_\_ SUITE NO. \_\_\_\_\_

THE APPLICANT IS: (CIRCLE ONE)    OWNER    CONTRACTOR    ENGINEER

<b>PROPERTY OWNER/ TENANT</b>	NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ DAYTIME PHONE NO. WHERE YOU CAN BE REACHED IF WE HAVE QUESTIONS. _____
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<b>CONTRACTOR</b>	NAME _____ LICENSE # _____ ADDRESS _____ LEAD CERT# _____ EXP _____ CITY _____ STATE _____ ZIP _____ DAYTIME PHONE NO. WHERE YOU CAN BE REACHED IF WE HAVE QUESTIONS. _____
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<b>PERMIT TYPE</b>	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> COMMERCIAL/INDUSTRIAL <input type="checkbox"/> UNDEFINED <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> INSTITUTIONAL
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<b>TYPE OF WORK</b>	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION/REMODEL <input type="checkbox"/> MAINTENANCE/REPAIR <input type="checkbox"/> TENANT FINISH <input type="checkbox"/> DEMOLITION
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**DETAILED DESCRIPTION OF WORK**

\_\_\_\_\_

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**FIXTURES: (INDICATE TOTAL NUMBER OF EACH)**

_____ BATHTUB	_____ GREASE TRAP	_____ SHOWER	_____ WATER HEATER
_____ CLOTHES WASHER	_____ KITCHEN SINK	_____ SLOP SINK	_____ WATER METER (SEPARATE PERMIT)
_____ DISHWASHER	_____ LAUNDRY TRAY	_____ SWIMMING POOL	_____ WATER PIPING
_____ DISPOSAL	_____ LAV	_____ URINAL	_____ WATER SOFTENER
_____ DRINKING FOUNTAIN	_____ ROOF DRAINS	_____ VAC BREAKER	_____ GAS PIPING (Need City License)
_____ FAUCETS	_____ RPZ VALVE*	_____ WATER CLOSET	_____ UNDEFINED
_____ FLAMMABLE WASTE TANK	_____ SEWER/WATER (Licensed Contractor Only)	_____ WATER CONSTRUCTION USE	
_____ FLOOR DRAINS			

\* RPZ Minimum Fee \$41.00. Fee: based on valuation of job. ONE APPLICATION PER ADDRESS

METER # _____	REMOTE # _____
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CITY OF MINNETONKA  
COMMUNITY DEVELOPMENT DEPARTMENT  
14600 MINNETONKA BOULEVARD  
MINNETONKA MN 55345

Office: (952) 939-8394 Fax: (952)-939-8244

▶
**PLEASE COMPLETE OTHER SIDE**
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ALL FEES ARE BASED ON VALUATION, INCLUDING THE COST OF LABOR AND MATERIALS:

TOTAL JOB VALUATION: \$ \_\_\_\_\_

TOTAL VALUE	COST OF PERMIT (Subject to Minimum Fees)
\$ 1 to \$ 300	MINIMUM FEE: RESIDENTIAL \$15.75 COMMERCIAL \$40.50
\$ 301 to \$ 500	\$ 15.75 plus 5.77% of amount over \$ 300
\$ 501 to \$ 1,000	\$ 27.25 plus 2.94% of amount over \$ 500
\$ 1,001 to \$ 5,000	\$ 42.00 plus 2.89% of amount over \$ 1,000
\$ 5,001 to \$10,000	\$ 157.50 plus 2.62% of amount over \$ 5,000
\$10,001 to \$25,000	\$ 288.75 plus 2.29% of amount over \$ 10,000
\$25,001 to \$50,000	\$ 632.10 plus 2.08% of amount over \$ 25,000
\$50,001 AND UP	\$ 1,151.85 plus 1.74% of amount over \$ 50,000

**WATER METER COSTS** (Includes the cost of the permit fee and surcharge)

<input type="checkbox"/> Residential 3/4 Inch \$343.75	<input type="checkbox"/> Commercial 3/4 Inch \$350.00
<input type="checkbox"/> Residential 1 Inch \$466.24	<input type="checkbox"/> Commercial 1 Inch \$472.49
<input type="checkbox"/> Residential 1 1/2 Inch \$705.57	<input type="checkbox"/> Commercial (Building Only *) 1 1/2 Inch \$694.53

\* NOT FOR IRRIGATION

Permit Fee \$ \_\_\_\_\_ **MINIMUM:** \$15.75 Residential - \$40.50 Commercial

Commercial Only \$ \_\_\_\_\_ 10% of Permit Fee: **ONLY** if Valuation is over \$30,000

Surcharge \$ \_\_\_\_\_ .0005 times the Total Job Valuation – **MINIMUM:** \$0.50

Total Due \$ \_\_\_\_\_ Make checks payable to: City of Minnetonka

**THIS IS AN APPLICATION FOR A PERMIT – NOT VALID UNTIL PROCESSED**

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 Minnetonka and with the Minnesota Building 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 \_\_\_\_\_ DATE \_\_\_\_\_

Please type or print

SIGNATURE OF APPLICANT \_\_\_\_\_

**SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, AND MECHANICAL WORK**