

**CITY OF SARTELL
APPLICATION FOR PLUMBING PERMIT**

Owner _____ Phone: _____

Site Address: _____

Residential _____ Commercial _____

Type of Construction: New _____ Remodel _____

Estimated Value of Work (Comm. Only) _____

NOTE:

All inspections require 24-hour notice, call (320)258-7317.
Minimum fee includes one rough in & one final inspection.
Permit expires if work is suspended or abandoned for a period of more than 180 days.

Plumbing Permit Number	_____
Building Permit Number	_____
Date Issued	_____
Permit Fee <i>(min. \$30.00/\$50.00 commercial)</i>	\$ _____
State Surcharge (\$1.00)	\$ _____
Total Fee	\$ _____
Paid/Check #	_____

Item	Quantity	Item	Quantity	Item	Quantity
_____ Area Drains	_____	_____ Lawn Sprinkler System	_____	Drain, Waste and Vent:	
_____ Backflow Preventer (RPZ)	_____	_____ Refrigerator W/ Water	_____	ABS	_____
_____ Bathtubs	_____	_____ Showers	_____	PVC	_____
_____ Clear Water Pumps	_____	_____ Sinks	_____	Other	_____
_____ Dishwashers	_____	_____ Sewage Ejector	_____	Sewer Hookup	_____
_____ Drinking Fountains	_____	_____ Urinal	_____	Water Hookup	_____
_____ Floor Drains	_____	_____ Washer Stand Pipe	_____	Roof Drains	_____
_____ Garbage Disposals	_____	_____ Water Closet	_____	Potable Water	
_____ Grease Traps	_____	_____ Water Heater	_____	Copper	_____
_____ Inflammable Traps	_____	_____ Water Conditioner	_____	PEX	_____
_____ Laundry Tubs	_____	_____ Sump Pump	_____	Other	_____

Additional Info/Description of Work _____

The undersigned hereby makes application for a permit for the work herein specified, agreeing to do all such work in strict accordance with all applicable codes and ordinances and hereby declares that all the facts and representation stated in this application are true and correct and that the property owner has accepted these materials and equipment.

Plumbing Contractor: _____ Tel #: _____

State License # _____ State Bond # _____

Email: _____

Contractors Signature _____ Name (print) _____

Homeowners Signature _____ Name (print) _____

Approved By : _____ Date: _____



City of Sartell
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Sartell, MN 56377
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Fax: 320.253.3337