



# PLUMBING PERMIT APPLICATION

11955 Champlin Drive / Champlin, MN 55316 / Phone: 763-421-2629 / Fax: 763-421-5256 / www.ci.champlin.mn.us

<b>JOB ADDRESS:</b>	<b>DATE:</b>
<b>OWNER:</b>	<b>PHONE #:</b>
<b>CONTRACTOR:</b>	<b>PHONE #:</b>
<b>CONTRACTOR ADDRESS:</b>	<b>LICENSE #</b>

**Contractors must provide copy of State License/ Bond/ Insurance**

FIXTURE TYPE	#	FEE	TOTAL
WATER CLOSET		\$12.00	
LAVATORIES		\$12.00	
LAUNDRY TUB		\$12.00	
FLOOR DRAIN		\$12.00	
DRAIN TILE/ SUMP		\$12.00	
GAS APPLIANCE		\$18.00	
URINAL		\$12.00	
DRINKING FOUNTAIN		\$10.00	
CHANGE OVER/ REPAIR		\$18.00	
RADIANT HEAT / TRANSITE		\$26.50	

FIXTURE TYPE	#	FEE	TOTAL
BATH TUB		\$12.00	
KITCHEN SINK		\$12.00	
SHOWER		\$12.00	
DISHWASHER		\$12.00	
WATER SOFTENER		\$18.00	
WATER HEATER		\$25.00	
WATER SERVICE, RESIDENTIAL		\$40.00	
SEWER SERVICE, RESIDENTIAL		\$40.00	
IRRIGATION SYSTEM		\$21.00	

**FIXTURE PERMIT FEE TOTAL:** \_\_\_\_\_ + **STATE SURCHARGE: \$ 1.00 = TOTAL FEE: \$** \_\_\_\_\_

<b>COMMERCIAL SEWER &amp; WATER:</b>	JOB VALUE: \$ _____ x 2.5% = _____	STATE SURCHARGE: .0005 OF VALUE \$ _____ Min. \$.50	TOTAL: \$ _____
<b>INTERNAL STORM DRAIN:</b>	JOB VALUE: \$ _____ x 2.5% = _____	STATE SURCHARGE: .0005 OF VALUE \$ _____ Min. \$.50	TOTAL: \$ _____

I hereby apply for a plumbing permit and acknowledge that the information above is complete and accurate; that the work will be done in conformance with the ordinances of Champlin and State Building Codes; that I understand this is not a permit but only a application for a permit and the work is not to start without a permit; that the work will be done in accordance with approved the approved plan, specifications and codes.

**Signature:** \_\_\_\_\_  
APPLICANT

**Signature:** \_\_\_\_\_  
BUILDING OFFICIAL