



## PLUMBING PERMIT APPLICATION

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

JOB ADDRESS:	DATE:
OWNER:	PHONE #:
CONTRACTOR:	PHONE #:
CONTRACTOR ADDRESS:	LICENSE # PC
EMAIL:	

Contractors must provide copy of State License/ Bond/ Insurance

Fixture Type	#	Fee	Total
WATER CLOSET		\$15.00	
LAVATORIES		\$15.00	
LAUNDRY TUB		\$15.00	
FLOOR DRAIN		\$15.00	
URINAL		\$15.00	
DRINKING FOUNTAIN		\$15.00	
CHANGE OVER / REPAIR		\$20.00	
RADIANT HEAT		\$35.00	
IRRIGATION SYSTEM		\$50.00	

Fixture Type	#	Fee	Total
BATHTUB		\$15.00	
KITCHEN, BAR, MOP SINK		\$15.00	
SHOWER		\$15.00	
DISHWASHER		\$15.00	
WATER SOFTENER		\$20.00	
WATER HEATER		\$30.00	
HOSE BIB		\$15.00	
WATER SERVICE, RESIDENTIAL		\$75.00	
SEWER SERVICE, RESIDENTIAL		\$75.00	

Fixture Permit Fee Total: \_\_\_\_\_ + State Surcharge: \$ 1.00 = Total Fee: \$ \_\_\_\_\_

Commercial Sewer & Water:	Job Value: \$ _____ x 2.5% = _____	State Surcharge: .0005 of Value \$ _____ Min. \$.50	Total: \$ _____
Internal Storm Drain:	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