



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