



Application Number: \_\_\_\_\_

Related Records: \_\_\_\_\_

**Olmsted County Planning Department**

**Inspections Division**

2122 Campus Dr SE, Suite 100

Rochester, MN 55904

P: 507-328-7100 F: 507-328-7958

planningweb@olmstedcounty.gov

**PLUMBING PERMIT APPLICATION**

**Mandatory Submittal Information**

Site Address:

Township/Section	Subdivision	Block	Lot	Parcel

Permit Type:

**Residential**

**Commercial**

**Residential Fire Sprinkler**

Stand Alone

Multiple Use

Material Used:

Value of System:

Water Conditioning Equipment:

Yes

No

Size of House:

Certification Number:

Number of Levels:

Applicant (select one):

Property Owner

Contractor/Professional

Other (describe):

**Scope of Work**

Describe project in detail:

**Property Owner**

Full Name:

Phone:

Email:

Address:

**Contractor/Other**

Company Name:

Phone:

Email:

Contact Name:

State License Number:

Exp. Date:

Address:

**Designer/Engineer**

Company Name:

Phone:

Email:

Contact Name:

Registration Number:

Exp. Date:

Address:

**Work Category**

New

Alterations

Move/Relocate

Addition

Tenant Finish

Repair/Replace

Application Number: \_\_\_\_\_

Related Records: \_\_\_\_\_

**Valuation of Materials & Labor**

Total Valuation of Work (materials and labor):

**Fixtures**

Bathtub	Lawn Sprinkler	Water Closet
Clothes Washer	Pot & Scullery Sink	Water Heater
Dishwasher	Sewer Ejector	Water Softener
Drinking Fountain	Shower Stall	Other:
Floor Drain	Sink	Other:
Laundry Tray	Sump Pump	
Lavatory	Urinal	

**Water/Sewer Information**

City Water	City Sewer	Well	Septic
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Building Main Water Supply Size:

**Disclaimer and Signature**

I hereby apply for a plumbing permit and I acknowledge that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I acknowledge that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).

Applicant Signature:

Date: