

City Of Crookston

Inspection Department
620 South Main
Crookston, MN 56716
Phone (218) 281-5713
Fax (218) 281-4594

PLUMBING PERMIT APPLICATION

Office Use Only	
Date Issued	/ /
Parcel #	
Permit #	
Permit Fee	

Applicant is: Contractor Owner

Site Information

Job Address	Business Name
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Owner Information

Owners Name		Phone	
Address	City	State	Zip

Contractor

Name		License no.	
Address	City	State	Zip
Contact Person	Phone	Cell phone	

Architect/ Engineer

Name			
Address	City	State	Zip
Contact person	Phone	Cell phone	

Use Of Building

<input type="checkbox"/> 01 Single Family	<input type="checkbox"/> 02 Multiple Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Public	<input type="checkbox"/> 03 Garage/ Accessory Building
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Class Of Work

<input type="checkbox"/> 01 New	<input type="checkbox"/> 02 Addition	<input type="checkbox"/> 03 Alteration/Remodel	<input type="checkbox"/> 04 (Maint.) Repair/ Replace	<input type="checkbox"/> Curb/Street cut
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Fixtures - Please provide total number of each fixture indicated.

<input type="checkbox"/> Bath tub	<input type="checkbox"/> Flammable liquid sep.	<input type="checkbox"/> Laundry sink	<input type="checkbox"/> Sink	<input type="checkbox"/> Water heater
<input type="checkbox"/> Back flow prevention	<input type="checkbox"/> Floor drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Sump pump	<input type="checkbox"/> Water softener
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Floor trap	<input type="checkbox"/> Sewer ejectors	<input type="checkbox"/> Washing machine	<input type="checkbox"/> Water supply
<input type="checkbox"/> Disposal	<input type="checkbox"/> Grease interceptor	<input type="checkbox"/> Shower stall	<input type="checkbox"/> Water closet	Other _____

Gas piping - Please list any gas fixtures and gas piping that will be installed.

Description Of Work

Project Details

Start Date / /	Estimated Completion Date / /	Project Value \$
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- **A city license is required for Plumbing Contractors and for Gas Fitting Contractors.**
- Separate permits are required for building, mechanical, electrical & curb/street cut.
- Complete plans and specs. for any plumbing system that will serve the public or any considerable amount of people must be submitted to the MN commissioner of health.
- Complete plans and specs. must be submitted to the Building Official.
- For applications that are faxed to the office please call for permit fee.
- Permits will not be processed until payment in full is received in the Building Officials Office.

Applicant's Signature

I hereby apply for a Plumbing Permit and acknowledge that the information above is complete and accurate. That the work will be performed in accordance with the conditions of the permit, approved plans and specifications, and the Minnesota State Building Code and city ordinances. **The person doing the work must call for necessary inspections** and ensure the work remains accessible and exposed for inspection purposes. Permit becomes void if work does not begin within 180 days or is suspended at any time for over 180 days.

Applicant's Signature	Date
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Building Official's approval for issuance	Date
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