



CITY OF ROCHESTER
BUILDING SAFETY DEPARTMENT
PLAN REVIEW & PERMIT SERVICES DIVISION
 4001 West River Parkway NW Ste. 100 Rochester, MN 55901
 Phone: 507-328-2600
 Office Hours: Monday – Friday 8 am – 5 pm
buildingsafety@rochestermn.gov
www.rochestermn.gov/BuildingSafety

PLUMBING
Permit Application

Office Use Only (01/20)
App. No. _____

Date _____ Building Permit Application No. _____
 (If this work is associated with a building permit)

Tenant/Building Name _____

Work Site Address _____
 Number Street Suite/Unit No.

Applicant is: Owner Contractor Other (describe) _____

Property Owner	Name _____ Phone _____ - _____ - _____ <small>Last First MI</small>
	Address _____ Email _____
	City _____ State _____ Zip Code _____

Contractor	Company _____ Master License # _____
	Phone _____ - _____ - _____ E-mail _____
	Name _____ <small>Last First MI</small>
	Address _____ City _____ State _____ Zip Code _____

Permit Type	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Family
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Work Category	<input type="checkbox"/> New (for brand new structures only)	<input type="checkbox"/> Addition (for adding new square footage only)	<input type="checkbox"/> Alteration
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Project Description	Description of Work _____ _____
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Valuation of Work	Total Valuation of Work \$ _____ (Materials and Labor)
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Permit Fees	1. Application Fee \$ 25.00	*Permit Fee Schedule: <table border="1"> <tr> <th>Valuation</th> <th>Permit Fee</th> </tr> <tr> <td>\$1 to \$500</td> <td>none</td> </tr> <tr> <td>\$501 to \$1,000</td> <td>\$10.00</td> </tr> <tr> <td>\$1,001 and up</td> <td>\$10.00 per \$1,000 or fraction thereof</td> </tr> </table>	Valuation	Permit Fee	\$1 to \$500	none	\$501 to \$1,000	\$10.00	\$1,001 and up	\$10.00 per \$1,000 or fraction thereof	Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card** <input type="checkbox"/> Cash <input type="checkbox"/> Trust Account <small>**due to PCI compliance, we cannot accept credit card payments over the phone</small>
	Valuation		Permit Fee								
	\$1 to \$500		none								
	\$501 to \$1,000	\$10.00									
\$1,001 and up	\$10.00 per \$1,000 or fraction thereof										
2. Permit Fee* _____											
3. State Surcharge _____ <small>(.0005 X valuation)</small>											
Total Fees _____ <i>Total of #1, 2 and 3 above</i>											

PLEASE CONTINUE ON OTHER SIDE

Fixtures Provide total number of each fixture indicated.	_____ Bathtub _____ Clothes Washer _____ Dishwasher _____ Drinking Fountain _____ Floor Drain _____ Laundry Tray _____ Lavatory _____ Lawn Sprinkler _____ Pot & Scullery Sink	_____ RPZ Backflow Preventer _____ Sewer Ejector _____ Shower Stall _____ Sink _____ Sump Pump _____ Urinal _____ Water Closet _____ Water Heater _____ Water Softener _____ Other _____ _____ Other _____
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Water/ Sewer Information	<input type="checkbox"/> City Water <input type="checkbox"/> City Sewer	<input type="checkbox"/> Well <input type="checkbox"/> Septic Building Main Water Supply Size _____
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I hereby apply for a plumbing permit and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and Rochester Code of Ordinances Chapter 10-2, Sections 10-2-6 –10-2-9. I understand this is not a permit but only an application for a permit, and work is not to start without a permit. I certify 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).

I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and/or the City of Rochester. Anyone not so licensed may do work on premises or that part of premises (not containing more than two units) owned and actually occupied by the worker as a residence. (Rochester Code of Ordinances Chapter 4-5)

Applicant's Signature *Date*