

City of Grant PLUMBING PERMIT APPLICATION

Jack Kramer – Building Official
10090 Oakgreen Avenue North
Stillwater, MN 55082
Office Ph. # 651-351-5051

Permit No: _____

Date Issued: _____

Date Paid: _____ Check # _____

Project Address _____

Permit Applicant _____ Phone No _____

Contractor License No _____ Expiration Date _____

Homeowner _____ Phone No _____

Permit For _____ Est. Cost \$ _____

Description of Work: _____

Number of each item listed below:

Water Closet _____

Dish Washer _____

Bath Tub _____

Floor Drain _____

Jacuzzi _____

Garbage Disposal _____

Kitchen Sink _____

Drinking Fountain _____

Urinal _____

Garage Floor Drain _____

Shower Bath _____

Catch Basins _____

Wash Basins _____

Sewer Line _____

Laundry Trays _____

Water Line Size _____

Water Heater Size _____

OFFICE USE ONLY			
	Approved By	Date	
Official			City Fee \$ _____
Disapproved By			State Surcharge Fee \$ _____
Official			Plumbing Permit Fee \$ _____

-- 24 HOUR NOTICE REQUIRED ON ALL INSPECTIONS --

NOTICE:

The applicant shall comply with all provisions of the State Building, Plumbing, Mechanical, Electrical, and Fire Codes, as well as all city ordinances governing zoning and buildings. The State of Minnesota regulates all electrical work. The continued validity of this permit is contingent upon the applicant's compliance with all work done and materials used, manufacturers instructions followed, and with the applicable ordinances of the city.

I hereby acknowledge the above and agree to comply with the City of Grant and the State of Minnesota's codes and ordinances.

Signature of Applicant _____

Date _____