



# Plumbing Permit Application

Plmg Appl # \_\_\_\_\_

10609 South Shore Dr • Medicine Lake, MN 55441

763-542-9701 • 763-509-5449 Inspection Scheduling

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www.CityofMedicineLake.com • inspections@plymouthmn.gov

REV: 12/23/2024

City of Medicine Lake

**PROPERTY INFORMATION**

SITE ADDRESS		SUITE	DATE
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PROPERTY OWNER / TENANT
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**APPLICANT INFORMATION**

Applicant is: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor		COMPANY NAME	
APPLICANT'S NAME	PHONE#	COMPANY ADDRESS	STATE LICENSE #
EMAIL ADDRESS		CITY	STATE ZIP

**ENGINEER**

CONTACT PERSON	COMPANY NAME
PHONE#	EMAIL

**USE TYPE****CONSTRUCTION CATEGORY**

<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Residential	<input type="checkbox"/> Commercial <input type="checkbox"/> Other <input type="checkbox"/> Public
<input type="checkbox"/> New Building OR <input type="checkbox"/> Existing Building	<input type="checkbox"/> Multi-Fam <input type="checkbox"/> Single Fam Det. <input type="checkbox"/> Townhouse <input type="checkbox"/> Two Family
<input type="checkbox"/> Principal Building <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other	Detailed Description of Work:
	Project Valuation \$

**DESCRIPTION OF WORK**

<input type="checkbox"/> Plumbing / Alteration	<input type="checkbox"/> Plumbing / New Construction	<input type="checkbox"/> Plumbing / Replace/Repair
<input type="checkbox"/> PL - Add/Alt/Repair - Com <input type="checkbox"/> PL - Add/Alt/Repair - MF <input type="checkbox"/> PL - Add/Alt/Repair - Res <input type="checkbox"/> PL - Water Heater - Res <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> PL - Water Meter - Com <input type="checkbox"/> PL - Water Meter - MF <input type="checkbox"/> PL - Water Meter - Res <input type="checkbox"/> PL - Water Softener - Res	<input type="checkbox"/> Backflow Device <input type="checkbox"/> Flammable Waste <input type="checkbox"/> Bathtub/Shower <input type="checkbox"/> Floor Drain <input type="checkbox"/> Dishwasher • <input type="checkbox"/> Grease Trap <b>WATER METERS</b> <input type="checkbox"/> 3/4" = \$518.00 <input type="checkbox"/> 1.5"U = \$975.00 <input type="checkbox"/> 3/4"U = \$559.00 <input type="checkbox"/> 2"U = \$1,363.00 <input type="checkbox"/> 1" = \$705.00 <input type="checkbox"/> 3"U = \$2,929.00 <input type="checkbox"/> 1"U = \$758.00 <input type="checkbox"/> 4"U = \$3,72.00 <input type="checkbox"/> 1.5" = \$844.00	<input type="checkbox"/> Hose Bib <input type="checkbox"/> Sink <input type="checkbox"/> Washbox <input type="checkbox"/> Laundry Sink <input type="checkbox"/> Sump Pump <input type="checkbox"/> Water Closet • <input type="checkbox"/> Medical Gas <input type="checkbox"/> Urinal <input type="checkbox"/> Other <input type="checkbox"/> Yard Sprinkler <b>Water Meter #</b> <b>Transponder #</b>

The following items are exempt from plumbing permit and inspection requirements in one and two family dwellings:  
 • Replacement water closets, dishwashers, sink faucets and valves that connect to the existing supply lines and do not include alterations to the existing plumbing system.

**PERMIT FEE SCHEDULE**

**A. Fixtures & Alterations:** 2% of job cost (\$45.00 min)  
**B. State Surcharge Fee:** .0005 x Job Cost, ( when job cost is \$1,000,000 or less) Total Fee: (A + B)  
 Yard Sprinkler Only: \$45.00 + State Surcharge \$1.00 Total Fee: \$46.00

**Applicant: Please read and sign below**

I hereby certify that I have read and examined this document and know the same to be true and correct. I understand and agree that the work for which the permit is issued shall be performed according to the State Building Code and applicable city approvals, ordinances and codes. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that the work shall not begin until permit is issued, that I am responsible for calling for all required inspections, that work shall be accessible for the inspection, that a final inspection approval and Certificate of Occupancy are required prior to occupying the building. This permit shall become invalid unless the work authorized is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days.

**\*Separate permits are required for Building, Mechanical and Electrical work\***

APPLICANT'S SIGNATURE	DATE
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**OFFICE USE ONLY**

DATE RECEIVED	AUTHORIZATION TO ISSUE:	REMARKS:
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