



PLUMBING PERMIT APPLICATION

City of Stillwater
216 4th Street North, Stillwater MN 55082
Phone: 651-430-8825 Fax: 651-430-8810 www.ci.stillwater.mn.us

INCOMPLETE APPLICATIONS WILL BE REJECTED

PROJECT ADDRESS (INCLUDE SUITE NUMBER) _____ DATE _____

PROPERTY OWNER/TENANT _____ PHONE _____

STREET, CITY, STATE, ZIP _____

CONTRACTOR NAME _____ PHONE/CELL _____

STREET, CITY, STATE, ZIP _____

APPLICANT'S NAME _____ EMAIL ADDRESS _____

PLUMBING CONTRACTOR LICENSE # _____ LEAD CERTIFICATION # _____

PROPERTY USE: COMMERCIAL _____ RESIDENTIAL _____

CLASS OF WORK (CHECK ONE): INSTALL NEW _____ ALTER _____ REPAIR _____

NUMBER OF FIXTURES

WATER CLOSET _____ LAVATORY _____ BATH TUB _____ SHOWER _____ URINAL _____

FLOOR DRAIN _____ WASHER BOX _____ ROUGH-IN _____ DRINKING FOUNTAIN _____ LAUNDRY TUB _____

KITCHEN SINK _____ GARBAGE DISPOSAL _____ DISHWASHER _____ SERVICE SINK _____ GREASE TRAP _____

WATER HEATER _____ WATER SOFTENER _____ GAS PIPING _____ SEWER AND WATER** _____ RPZ VALVE _____

SUMP PUMP/BASKET _____ SAC/WAC Fee Only _____ OTHER (DESCRIBE) _____

TOTAL NUMBER OF FIXTURES: _____

** TYPE K SOFT COPPER IS REQUIRED FOR WATER SERVICE
FROM MAIN TO HOUSE PER UTILITIES DEPARTMENT

VALUATION/BID AMOUNT (COMMERCIAL JOBS): _____

DESCRIPTION OF JOB _____

The undersigned hereby makes application for plumbing or sewer work as herein specified, that all statements herein are true and that all work herein mentioned will be done in accordance with City Ordinances, the State of Minnesota, and rulings of the Inspection Department. This permit may be revoked at any time for due cause. I hereby certify that I have read and examined this application and know the same to be true and correct.

PRINT APPLICANT' NAME _____ DATE _____

APPLICANT'S SIGNATURE _____

Incomplete applications
will be rejected

All commercial plumbing plans must be reviewed by the State
before a plumbing permit can be issued.