



**City of Bayport**

294 North Third Street  
Bayport, Minnesota 55003  
www.ci.bayport.mn.us  
City: 651-275-4404 Fax: 651-275-4411  
MNSPECT: 952-442-7520 Fax: 952-442-7521

**COMMERCIAL PLUMBING**

Permit Number: PL \_\_\_\_\_

**Applicant:**  Contractor  Business Owner/Agent

Job Address \_\_\_\_\_ Owner's Phone \_\_\_\_\_

Owner's Name \_\_\_\_\_ Business Name \_\_\_\_\_

Owner's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Plumbing Contractor/Designer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email address \_\_\_\_\_

State Bond No. \_\_\_\_\_ Plumbing License No. \_\_\_\_\_

**CHECK TYPE OF WORK:**  New Construction  Addition  Alteration  Replacement

**ESTIMATED VALUATION OF WORK:** \$ \_\_\_\_\_ **Project Description:** \_\_\_\_\_

**Building Service Information:** Sewer:  New Municipal  Existing Municipal  Existing On-Site Septic

Water:  New Municipal  Existing Municipal  Existing Private Well

**Indicate ALL fixtures included in this permit:**

- |  |  |  |                                     |       |
|--|--|--|-------------------------------------|-------|
| <input type="checkbox"/> Water Closet (toilet) | <input type="checkbox"/> Bathtub           | <input type="checkbox"/> Shower                    | <input type="checkbox"/> Floor Sink | _____ |
| <input type="checkbox"/> Lavatory (wash basin) | <input type="checkbox"/> Dishwasher        | <input type="checkbox"/> Piping/Treating Equipment | _____                               | _____ |
| <input type="checkbox"/> Kitchen Sink & Disp.  | <input type="checkbox"/> Clothes Washer    | <input type="checkbox"/> Catch Basin               | _____                               | _____ |
| <input type="checkbox"/> Laundry Tray          | <input type="checkbox"/> Water Softener    | <input type="checkbox"/> Vacuum Breakers           | _____                               | _____ |
| <input type="checkbox"/> Water Heater          | <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Lawn Sprinkler System     | _____                               | _____ |
| <input type="checkbox"/> Urinal                | <input type="checkbox"/> Sump              | <input type="checkbox"/> Roof Leader-Rainwater     | _____                               | _____ |
| <input type="checkbox"/> Rough-in Future Fix.  | <input type="checkbox"/> Floor Drain       | <input type="checkbox"/> Water Piping System       | _____                               | _____ |

**Total Number of Fixtures**  
\_\_\_\_\_

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the Municipality Zoning Administrator or designee and the Municipality Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions, and to abide by all of the ordinances of the Municipality and the Laws of the State of Minnesota regarding actions taken pursuant to this permit, I agree to pay all plan review fees even if I choose not to proceed with the work. I certify that this plumbing system was designed in accordance with the Code (as amended) to the best of my abilities, and I agree to forward the report and plans to the installer of the system.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature of  Owner or  Owner's Representative

**Office Use Only Below**

Approved Valuation: \_\_\_\_\_ Date: \_\_\_\_\_

Plumbing Approval By: \_\_\_\_\_ Printed Approval By: \_\_\_\_\_

Permit Fee.....\$ \_\_\_\_\_

Plan Review Fee.....\$ \_\_\_\_\_

State Surcharge.....\$ \_\_\_\_\_

Other Fee.....\$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_  Cash  Check # \_\_\_\_\_  
Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_