



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

RESIDENTIAL PLUMBING PERMIT

PL _____

Handout Lead Handout

Date to MNSPECT: _____

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

SITE ADDRESS: _____ **PID:** _____

PROPERTY OWNER: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Contact Name: _____ **Phone:** _____

Plumbing Contractor: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____ **Fax:** _____

Plumbers License No: _____ **Contact Name:** _____

State Bond No: _____ **Contact Phone:** _____

Email: _____

Indicate type of project and fixtures you will be installing or replacing (include count for each type of fixture):

Detailed Description of Work:

Replacement (one fixture only, no piping or vent changes)

Addition/Remodel

New Construction

Other _____

<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
_____ Water Heater	_____ Shower	_____ Laundry Tub
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ Dishwasher	_____ Rough-In Future Fixture
_____ Water Softener	_____ Clothes Washer	_____ Sump
_____ Lawn Sprinkler System	_____ Ice Maker Line	_____ Water Piping System
_____ Water Closet (Toilet)	_____ Hose Bib	_____ Floor Drain
_____ Lavatory (Wash Basin)	_____ Bathtub	

EST. VALUATION OF WORK
 \$ _____

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the 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 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. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINTED NAME: _____ **Signature of:** Owner or Owner's Representative

OFFICE USE ONLY

Permit Fee: \$ _____
 State Surcharge: \$ _____
 Investigation Fee / Other Fee: \$ _____
 License Check / Lead Check: \$ _____
 Other: \$ _____

TOTAL DUE: _____

Special Conditions of Permit: _____

City Approval By: _____ Date: _____

Date Paid: Cash Check # _____ By: _____