



**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**

**BA** \_\_\_\_\_

Date to MNSPECT: \_\_\_\_\_

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

**SITE ADDRESS:** \_\_\_\_\_ **BUSINESS NAME:** \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Plumbers License #:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**State Bond #:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**TYPE OF WORK:**  **ADDITION**  **ALTERATION / REPLACEMENT**  **NEW CONSTRUCTION**

<b>EST. VALUATION OF WORK:</b> \$ _____	Indicate type and # of fixtures:		
	<input type="checkbox"/> Bathtub _____	<input type="checkbox"/> Laundry tub _____	<input type="checkbox"/> Toilet _____
	<input type="checkbox"/> Catch basin _____	<input type="checkbox"/> Lavatory _____	<input type="checkbox"/> Urinal _____
	<input type="checkbox"/> Clothes washer _____	<input type="checkbox"/> Lawn sprinklers _____	<input type="checkbox"/> Vacuum breakers _____
	<input type="checkbox"/> Dishwasher _____	<input type="checkbox"/> Piping equipt. _____	<input type="checkbox"/> Water heater _____
	<input type="checkbox"/> Drinking fountain _____	<input type="checkbox"/> Roof leader _____	<input type="checkbox"/> Water piping _____
	<input type="checkbox"/> Floor drain _____	<input type="checkbox"/> Rough in fixture _____	<input type="checkbox"/> Water softener _____
	<input type="checkbox"/> Floor sink _____	<input type="checkbox"/> Shower _____	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Kitchen sink/disposal _____	<input type="checkbox"/> Sump _____	

**Detailed Description 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. I certify that this system was designated 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:** \_\_\_\_\_ This is the signature of:  Owner or  Owner's Representative

Permit Fee: \$ \_\_\_\_\_

Plan Review Fee: \$ \_\_\_\_\_

State Surcharge: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

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

**Special Conditions of Permit:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approval By:** \_\_\_\_\_ **Approved Valuation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_  Cash  Check # \_\_\_\_\_ **By:** \_\_\_\_\_

OFFICE USE ONLY

**THIS PAGE MUST ACCOMPANY ALL COMMERCIAL PLUMBING PERMIT APPLICATIONS**

*The following checklist has been compiled to assist in expediting the commercial plan review and permit issuance process. Please take a moment to review these submittal requirements and to verify all of the necessary documentation prior to submitting your project.*

**PLUMBING PERMIT and PLAN REVIEW – THE FOLLOWING ITEMS ARE REQUIRED:**

- Completed permit application including:
  - Site Address (including Suite #) and Business Name
  - Owner
  - Owner Address
  - Telephone Number
  - Contractor Information (if applicable)
  - Valuation of work being performed
  - Description of work being performed
  - Signature of applicant
  - Date
- 2 sets of **Signed** Plumbing Plans
- Utility Site Plan / Floor Plan / Roof Plan
- Water Riser / Soil, Waste, Vent Riser Diagrams
- Plumbing Specifications
- Copy of Plumbers License/Bond
- Complete and provide Service Water Heating Compliance Forms for compliance with the Minnesota State Energy Code (<https://www.ashrae.org/standards-research--technology/standards-forms--procedures>)

**PLUMBING PLAN REVIEW – Please provide the following information:**

Choose one of the following:

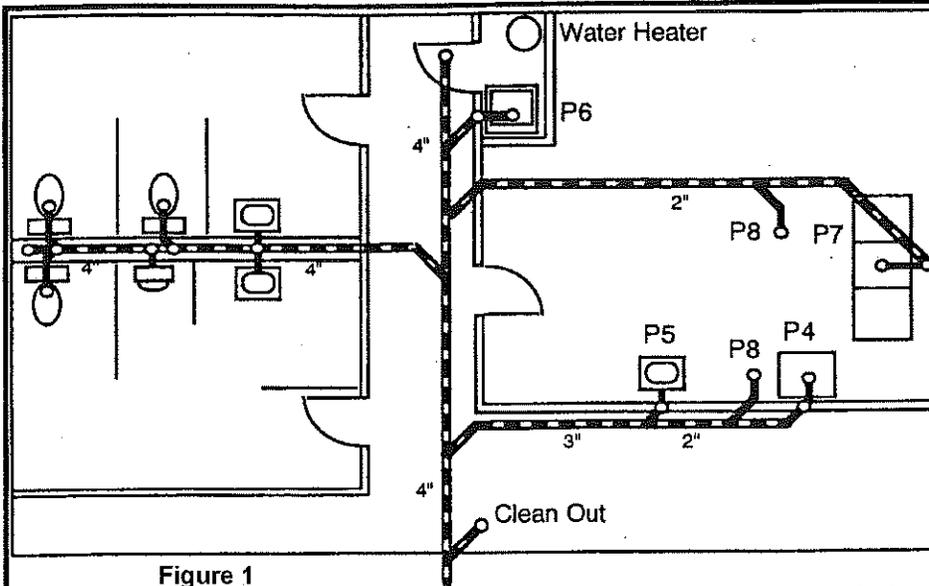
- Building Sewer and/or Water Service Only** (no interior plumbing is to be installed)  
\_\_\_\_\_
- Plumbing System** (Water distribution and drain/waste/vent systems within the building, and water and/or sewer service connections, if applicable).  
**Total DFU** \_\_\_\_\_  
\_\_\_\_\_
- Interceptors/Separators** (grease interceptors, flammable water interceptors, etc...)  
**Number of units** \_\_\_\_\_  
\_\_\_\_\_
- Storm Drainage System**  
**Number of internal roof drain openings** \_\_\_\_\_  
**Number of storm water interceptors, separators, or catch basin design** \_\_\_\_\_  
\_\_\_\_\_
- Manufactured Home Park or Campground**  
**Number of sites** \_\_\_\_\_

## PLUMBING PLAN REVIEW REQUIREMENTS

Below is a list of requirements necessary to complete a review of plumbing systems in commercial buildings. Please read the following carefully to ensure you provide all required information to **minimize delays** in the plan review process.

1. **Utility Site Plan (if new services are to be installed):** The utility plan must show the locations, sizes and slopes of all sanitary sewer, all storm sewer, and water service piping within the property lines. If wells or sewage treatment systems will be located on the property, they must be shown on the plan so that proper isolation distances can be verified. The utility plan must indicate the pipe materials to be used for each service unless otherwise listed in the specifications. The plan must include a directional reference.
2. **Floor plan:** The floor plan must show the locations of all plumbing fixtures. The sizes and locations of all horizontal sanitary and storm piping must be shown on the plan.
3. **Water Riser Diagram:** The drawing must show an isometric view of the water distribution piping from the water service entrance to the connection to all plumbing fixtures and equipment. The plumbing fixtures, equipment connected to the water distribution system, and all pipe sizes must be clearly labeled on the drawing.
4. **Soil, Waste and Vent Riser Diagram:** The drawing must show an isometric view of the waste and vent piping within the building. All pipe sizes and fixtures must be clearly labeled on the drawing.
5. **Material Specifications:** A list of fixtures, materials, and procedures must be provided which includes the following:
  - a. A list of the fixtures and appurtenances that are connected to the potable water distribution system or that discharge to the sanitary waste system. The list must include manufacturer and model number of each plumbing fixture or appurtenance.
  - b. The type and quality standard (e.g. ASTM, ANSI, etc.) of the pipe materials to be used in the plumbing system, including the type of joints.
  - c. The pressure testing and disinfection procedures.
6. **Roof plan:** A roof plan must be provided *if roof drains will be installed that are piped inside the building*. If no internally piped roof drains will be installed, a roof plan is not necessary for plan review. A statement should be included that the roof is pitched and the building is served by scuppers.
7. **Signature:** All plumbing plans that are submitted to MNSPECT must be signed by a master plumber or a professional engineer who is registered in the State of Minnesota. **Signature and license number must be on each plan sheet.**

# SAMPLE DIAGRAMS

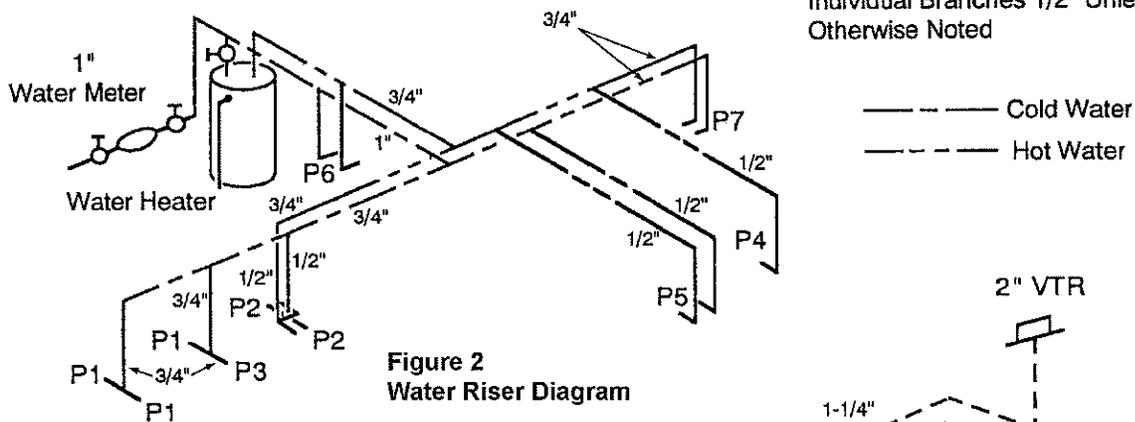


- P1 Tank Water Closet
- P2 Lavatory
- P3 Urinal
- P4 Dishwasher
- P5 Hand Sink
- P6 Mop Sink
- P7 3-Compartment Sink
- P8 Floor Drain (without backwater valve)

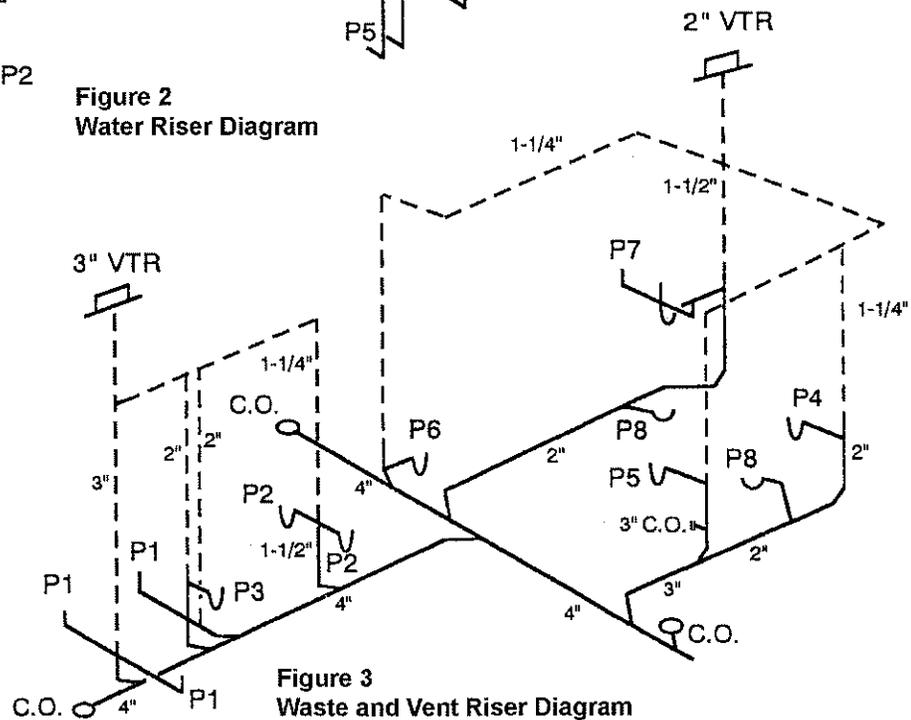
**Figure 1**  
Floor Plan

Maximum Developed Length: 40 Feet  
Pressure Range: 46 - 60 psi

Individual Branches 1/2" Unless  
Otherwise Noted



**Figure 2**  
Water Riser Diagram



**Figure 3**  
Waste and Vent Riser Diagram

# SAMPLE DIAGRAMS