

Eureka Township



Plumbing Permit Application

OFFICE USE ONLY

Permit No.

Site Address	Property ID No. (PIN)
Contact Person	Daytime Phone

PROPERTY OWNER

Name	Daytime Phone		
Address	City	State	Zip

CONTRACTOR

Name	License No.		
Address	City	State	Zip
Contact Person	Office Phone	Cell Phone	
E-mail	Fax		

TYPE OF WORK (CHECK ALL THAT APPLY)

Type of Work: Residential Commercial **Est. Valuation of Work to be Performed:** _____
 Class of Work: New Addition Alteration Replace

<p>Number of Each Fixture:</p> <p>___ Water Heater (Please check <input type="checkbox"/> Gas <input type="checkbox"/> Electric)</p> <p>___ Water Softener</p> <p>___ Lawn Sprinkler System</p> <p>___ Water Closet (Toilet)</p> <p>___ Bathtub</p> <p>___ Lavatory (Wash Basin)</p> <p>___ Shower</p> <p>___ Drinking Fountain</p> <p>___ Roof Leader- Rainwater</p> <p>___ Kitchen Sink & Disposal</p>	<p>___ Dishwasher</p> <p>___ Clothes Washer</p> <p>___ Vacuum Breakers</p> <p>___ Sump</p> <p>___ Ice Maker Line</p> <p>___ Piping/Testing Equipment</p> <p>___ Rough-In Future Fixture</p> <p>___ Floor Sink or Drain</p> <p>___ Other _____</p>
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Plumbing Comments: _____

I hereby certify that the information provided in this application is true, correct, and complete. I also acknowledge that the work described herein will be in conformance with the ordinances of the Township of Eureka and with the Minnesota Building Codes; that I understand this is not a permit but only an application for a permit; that I understand work is not to start until all required permits have been obtained; that the work will be in accordance with the approved plans in the case of all work that requires review and approval of plans; and that no changes to the approved plans, specifications, or purpose of this application shall be made without prior approval.

Signature of this application by the legal property owner or property owner's representative is required and authorizes the Township 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.

The property owner agrees to pay all plan review fees even if he/ she chooses 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 OWNER/ OWNER'S REPRESENTATIVE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

DO NOT WRITE BELOW THIS LINE
FEE APPROVALS & SIGNATURES

Date Rcvd: _____ Rcvd by: _____

<p style="text-align: center;">_____ Calculated Valuation</p> <p>Fixtures ___ @ \$ ___ each: \$ _____</p> <p>Plan Review Fee \$ _____</p> <p>State Surcharge \$ _____</p> <p>TOTAL FEES \$ _____</p>	<p>Occupancy Type: _____ Construction Type: _____</p> <p>Code Used: _____ Building Sprinkled: Yes / No</p> <p>Bldg. Official Approval: _____ Date _____</p> <p>Printed Name : _____</p> <p>Township Approval by: _____</p> <p>Date Paid: _____ Receipt No. _____</p> <p>By: _____ Check No. _____</p>
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Special Conditions of Permit: _____

