

City of Lakeland

1190 St. Croix Trail South
Lakeland, MN 55043
City: 651-436-4430 MNSPECT: 952-442-7520

**COMMERCIAL PLUMBING PERMIT
APPLICATION**

Permit Number: _____

Project (site) Address _____ Owner's Phone _____

Business Name _____ Owner's Name _____

City/State/Zip _____

Owner's Address _____

Plumbing Contractor/Designer _____ Phone _____

Address _____ City/State/Zip _____

Bond Number: _____ Plumbing License Number: _____

CHECK TYPE OF WORK: New Construction Addition Alteration Replacement

EST VALUATION OF WORK: \$ _____

Project Description: _____

Building Service Information:

Sewer: New Municipal Existing Municipal New On-Site Septic Existing On-Site

Water: New Municipal Existing Municipal New Private Well Existing Private Well

Please indicate ALL fixtures included in this permit:

- | | | |
|-----------------------------|-------------------------|---------------------------------|
| _____ Water Closet (toilet) | _____ Bathtub | _____ Floor Sink |
| _____ Lavatory (wash basin) | _____ Shower | _____ Piping/Treating Equipment |
| _____ Kitchen Sink & Disp. | _____ Dishwasher | _____ Catch Basin |
| _____ Laundry Tray | _____ Clothes Washer | _____ Vacuum Breakers |
| _____ Water Heater | _____ Water Softener | _____ Lawn Sprinkler System |
| _____ Urinal | _____ Drinking Fountain | _____ Roof Leader-Rainwater |
| _____ Rough-in Future Fix. | _____ Sump | _____ Septic Tank & Drain Field |
| _____ Misc. Fixtures | _____ Floor Drain | _____ 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 Minnesota Plumbing 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 _____

Print Signature Name _____

Date _____

Approved valuation: _____

Permit Fee	_____
Code Review	_____
State Surcharge	_____
License Look Up	_____
Other	_____
Total Permit Charge \$	_____

Permit issued by:

Date: