

City of Nowthen

8188 199th Ave NW
Nowthen, MN 55330

Email to: Permits@NowthenMN.net
763-441-1347

Contact MNSPECT for Building Inspections and
Code Review: 952-442-7520

COMMERCIAL PLUMBING PERMIT APPLICATION

Permit Number: _____

Project (site) Address _____ Owner's Phone _____

Business Name _____ Owner's Name _____

City/State/Zip _____ Email Address _____

Owner's Address _____

Plumbing Contractor/Designer _____ Phone _____

Address _____ City/State/Zip _____

Bond Number: _____ Plumbing License Number: _____

TYPE(S) OF WORK: New Construction Addition Remodel Replacement
Food service/bar/lodging Hospital/Nursing Home

EST VALUATION OF WORK: \$ _____

PROJECT DESCRIPTION: _____

BUILDING SERVICE INFORMATION:

Sewer:	New Municipal	Existing Municipal	New On-Site Septic	Existing On-Site Septic
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 \$	_____

Plans checked by: _____
Date: _____
City Approval: _____
Date: _____