



Plumbing Permit Application

Community Development Department

Building Inspections Division

5200 85th Avenue North / Brooklyn Park, MN 55443

Phone: (763) 488-6379 / Fax: (763) 493-8171

6/17 www.brooklynpark.org

GOVERNMENT DATA PRACTICES ACT - TENNESON WARNING:

The data you supply on this form will be used to process the permit you are applying for. You are not legally required to provide this data, but we will not be able to process the permit without it. The data will constitute a public record if and when the permit is granted.

Site Address/Tenant Name: _____ Date: _____

Contractor/Applicant Name: _____ License # _____

Applicant is: Owner _____ Contractor _____ Other _____

Address: _____ Phone # _____

Permit Type: Residential _____ Commercial _____ Domestic Service Size _____

Work Type: New _____ Replacement _____ Repair _____ Alteration _____

Valuation of work: \$ _____ Work Description: _____

<u>Computation of Fees:</u>	<u>\$Amount / Fee</u>	<u>Subtotal</u>
Residential Water Heater/Softener/Irrigation	\$25.00 (fixed fee)	\$ _____
New single family home plumbing system	\$200.00 (fixed fee)	\$ _____
\$1.00 to \$2500.00 valuation	\$50.00 (fixed fee)	\$ _____
\$2501.00 to \$50,000 valuation	2% of valuation	\$ _____
\$50,001.00 and up	\$1000.00 + 1% of valuation in excess of \$50,000	\$ _____
State Surcharge:	\$1.00 if permit fee is fixed fee	
	.0005 X permit valuation up to \$1,000,000 (min \$.50)	\$ _____
Plan Review Fee: (When submittal documents are required)	10% of permit fee	\$ _____
<u>Total</u>		\$ _____

Payment method: Cash Check Credit Card

I hereby apply for a plumbing permit and I acknowledge that the information above is complete and accurate; that the work will be done in accordance with the ordinances of the City of Brooklyn Park and with the Minnesota State Building Code; that I understand this is not a permit but an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plans, specifications and codes.

Applicant Email Address Required: _____

Print Name _____ Signature _____

Office Use:

Required Inspections: Rough-in _____ Final _____ Air Test _____

Approvals Required: Fire _____ Health _____ O&M _____ Other _____

Permit Approved By: _____ Date: _____ Permit # _____