



PLUMBING PERMIT APPLICATION

White Bear Township
1281 Hammond Road
White Bear Township, MN 55110
 Phone 651-747-2750 Fax 651-426-2258
www.ci.white-bear-township.mn.us

Permit Number: _____

Property Owner: _____
 Site Address: _____
 Owner Phone: _____

Contractor: _____
State License #: _____
 Address: _____
 City/State: _____ Zip: _____
 Phone: _____ Cell: _____ Other: _____

Property Type: Residential Commercial **Construction Type:** New Remodel

\$15.00 per fixture

Water Closet	Floor Drain	Bath	Kitchen Sink	Dishwasher
Laundry Tray	Shower	Garbage Disposal	Wash Basin	Other

\$45.00 per fixture

Water Heater	Boiler	R.P.Z.	Other
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All Plumbing fixture permits will be charged a MN State surcharge of \$5.00 per permit

Meter costs are charged at the current retail price based on size. (Costs include remote read, handling fee, sales tax and connector).

5/8" Meter	1" Meter	2" Meter	4" Meter
3/4" Meter	1-1/2" Meter	3" Meter	Connector

Commercial Plumbing shall be calculated at 1% of the valuation, plus a surcharge of .0005 x valuation. (Plans and specifications must be submitted, and approved, by the Building Department prior to issuance of permit.)

Estimated Valuation of Work: \$_____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

I assume full responsibility for the progress and completion of the work authorized by this permit. This permit becomes null and void if work is not commenced within 180 days, or if work is suspended for a period of 180 days at any time after work is commenced.

All General Contractors and all Sub-Contractors performing work in connection with this permit are required to be licensed by the State of Minnesota or White Bear Township.

Applicant Signature _____ Date _____

Office Use Only	
Building Occupancy/Use _____	Type of Construction _____
Approved by _____	Date _____