

<b>CASTLE ROCK TOWNSHIP</b> 2537 240th Street West Farmington, MN 55024 Phone: 651.460.2221	<b>PLUMBING</b> <hr/> Routed to MNSPECT <hr/>
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DATE: _____	PID# _____	PM No. _____	Pipelayers Card No. _____
SITE ADDRESS: _____			

OWNER \_\_\_\_\_ Name / Address / City / State / Zip / Daytime Telephone \_\_\_\_\_

PLUMBING CONTRACTOR _____ Name / Address / City / State / Zip / Daytime Telephone _____	ESTIMATED VALUE OF WORK TO BE PERFORMED _____
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Type of Work     Residential     Commercial

CLASS OF WORK: (    ) New    (    ) Addition    (    ) Alteration    (    ) Replace

_____ Water Closet (Toilet)	_____ Bathtub	_____ Roof Leader-Rainwater
_____ Lavatory (Wash Basin)	_____ Shower	_____ Drinking Fountain
_____ Kitchen Sink & Disp.	_____ Dishwasher	_____ Lawn Sprinkler System
_____ Water Heater	_____ Clothes Washer	_____ Vacuum Breakers
<input type="checkbox"/> Gas <input type="checkbox"/> Electric	_____ Water Softner	_____ Sump
_____ Ice Maker Line	_____ Piping/Treating Equipment	_____ Other
_____ Rough-in Future Fixture	_____ Floor Sink or Drain	

<b>Plumbing Comments:</b>  	_____ Fixtures @ \$_____ each: \$ _____ Plan Review Fee: \$ _____ State Surcharge: \$ _____ \$ _____ \$ _____ \$ _____ <b>Total PLUMBING Permit: \$ _____</b>
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Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the City Zoning Administrator or designee and the City 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 ordinances of the City 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. 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 APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

Signature of (please check one) :  Owner  Building Contractor,  Architect,  \_\_\_\_\_

TOWNSHIP APPROVAL BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Paid \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_ By: \_\_\_\_\_