

City of West St. Paul

Community Development Department - Phone: 651-552-4116 - FAX: 651-552-4190
1616 Humboldt Ave - West St Paul MN 55118

Plumbing Permit Application - Residential

Permit Number: PLMB2019-_____	Application Date: _____
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Project Address: _____

PROPERTY TYPE:

Single Family Residential
 Multi-Family Residential (2-4 units)

SITE/OWNER

Name: _____

Address: _____

Phone: _____	E-Mail: _____
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ARCHITECT/ENGINEER

Company Name: _____

Address: _____

Phone: _____	E-Mail: _____
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CONTRACTOR

Company Name: _____

Address: _____

Phone: _____	E-Mail: _____
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State License #:	Contact Name:
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Signature: _____ Date: _____

PROJECT INFORMATION

Project Description: _____

FEES (Indicate number of units to be installed)

New Single Family Dwelling (\$150) # _____ \$ _____			
Water Closet (\$10)	# _____ \$ _____	Manometer Final Test (\$10)	# _____ \$ _____
Sink / Laundry Tub (\$10)	# _____ \$ _____	Swimming Pool (\$10)	# _____ \$ _____
Bath tub / Shower (\$10)	# _____ \$ _____	Water Heater (Gas / Electric) (\$10)	# _____ \$ _____
Dishwasher (\$10)	# _____ \$ _____	Kitchen Range (\$10)	# _____ \$ _____
Clothes Washer (\$10)	# _____ \$ _____	Clothes Dryer (\$10)	# _____ \$ _____
Garbage Disposal (\$10)	# _____ \$ _____	Other Gas Device (\$10)	# _____ \$ _____
Hose Bib (\$10)	# _____ \$ _____	Misc. / Other (\$10)	# _____ \$ _____

Base Permit Fee: Includes 1 fixture (\$10 for each additional fixture) \$50

License Verification Fee (\$5) \$	State Surcharge \$1.00
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TOTAL \$

HOMEOWNER PROJECTS: By signing this document, I certify that I am the OWNER and the property is listed as HOMESTEAD with Dakota County as defined by MN Statute 273.124 and will legally perform the BUILDING work at this property.

HOMEOWNER SIGNATURE: _____	DATE: _____
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CONTRACTOR PROJECTS: I certify that my building CONTRACTING COMPANY will perform all BUILDING work at this property.

CONTRACTOR SIGNATURE: _____	DATE: _____
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