PLUMBING PERMIT APPLICATION

CITY OF CLOQUET

OWNER:

PERMIT NUMBER:

(Applicant to Complete Numbered Spaces Only)

JOB ADDRESS

1. LEGAL DESCR.	LOT	BLOCK	TRACT	◯ See Attached Sheet

2 OWNER	MAIL ADDRESS	ZIP	PHONE
3 CONTRACTOR	MAIL ADDRESS	PHONE	LICENSE NO.
4 ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE	LICENSE NO.

5 USE OF BUILDING

6 CLASS OF WORK ◯ NEW ◯ ADDITION ◯ ALTERATION ◯ REPAIR

7 DESCRIBE WORK:

SPECIAL CONDITIONS:

APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:

NOTICE

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.

(Signature of Contractor) (Date)

(Signature of Owner - If Builder) (Date)

PERMIT FEES

NO.	Type of Fixture or Item	Fee	
	WATER CLOSET (TOILET) $		
	BATHTUB		
	LAVATORY (WASH BASIN)		
	SHOWER		
	KITCHEN SINK & DISPOSAL		
	DISHWASHER		
	LAUNDRY TUB		
	CLOTHES WASHER		
	WATER HEATER		
	URINAL		
	DRINKING FOUNTAIN		
	FLOOR SINK OR DRAIN		
	SLOP SINK		
	GAS SYSTEMS: NO. OUTLETS		
	WATER PIPING & TREATING EQUIP.		
	WASTE INTERCEPTOR		
	VACUUM BREAKERS		
	GREASE TRAPS		
	PERMIT $		
	TOTAL FEE $		

PERMIT VALIDATION

PERMIT NUMBER_____

PERMIT ISSUED_____

APPROVED BY: _____

BUILDING OFFICIAL

Rev 11/13