CITY OF
OAK PARK HEIGHTS
14168 Oak Park Blvd. N • Box 2007 • Oak Park Heights, MN 55082 • Phone (651) 439-4439 • Fax (651) 439-0574

PLUMBING PERMIT APPLICATION

Company Name:_____
Applicants Name:_____
Address:_____
City / State / Zip:_____
Phone #:_____ Fax #_____
State Master Plumber License #_____ City License #_____
Lead Certification #_____ E-Mail_____
Project Supervisor: _____
Phone #:_____ E-Mail_____

Owner:_____
Address:_____
City / State / Zip:_____
Phone Number:_____ E-Mail_____

CLASS OF WORK: ____New ____Addition ____Remodel ____Repair ____ Demolition
Brief Description of work: _____
_____
_____
_____
_____
_____

Separate permits are required for building, electrical, fire protection, and heating. This permit becomes null and void if work or construction authorized has not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days. 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.

_____**Date:**_____
Applicant's Signature

Project Address _____ **Valuation** _____

FOR OFFICIAL USE ONLY

Building Permit $_____ Plan Review $_____ State Surcharge $_____
SAC Charge $_____ Investigation Fee $_____ Other Fees $_____
TOTAL PERMIT FEE $_____