

# Application For Plumbing Permit

7800 Golden Valley Road, Golden Valley, MN 55427-4588  
 Phone: (763) 593-8090 Fax: (763) 593-3997 TTY: (763) 593-3968

Date \_\_\_\_\_ Permit No. \_\_\_\_\_

<b>Site Address</b>	<b>Suite #</b>
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**Applicant: Owner** \_\_\_\_\_ **Contractor** \_\_\_\_\_

<b>Property Owner</b>	Name _____ Phone: _____ Address _____ City _____ State _____ Zip _____
<b>Contractor</b>	Company _____ Address _____ City _____ State _____ Zip _____ Phone: _____ Fax: _____ E-mail _____ Contact Person _____ Cell: _____

<b>Plumbing Permit Type:</b>	<input type="checkbox"/> 20 - Fixtures <input type="checkbox"/> 22 - Meter - Domestic <input type="checkbox"/> 23 - Meter - Fire <input type="checkbox"/> 24 - Meter - Lawn <input type="checkbox"/> 21 - Other _____ <input type="checkbox"/> 25 - Gas Piping (Material _____) <input type="checkbox"/> 83 - In-Floor Water Heater <i>*NOTE: 12 feet or more of gas piping requires an air test. (Length of Gas Piping _____)</i>
<b>Work Type:</b>	<input type="checkbox"/> 80 - New <input type="checkbox"/> 83 - Repair <input type="checkbox"/> 88 - Replace (same location) <input type="checkbox"/> 91 - Replace (moved)
<b>Office Use</b>	<input type="checkbox"/> 01 - Rough-In (Air Test-Plbg) <input type="checkbox"/> 13 - Visual <input type="checkbox"/> 02 - Final
<b>Required Inspections</b>	<input type="checkbox"/> 11 - Gas Line Air Test at end of test <input type="checkbox"/> 98 - Other <input type="checkbox"/> 99 - Undefined <input type="checkbox"/> 21 - Gas Line Air Test at start of test <input type="checkbox"/> 24 - RPZ Test Results

	Back Flow Preventer	RPZ Valve	Bath Tubs	Dish Washer	Drinking Fountain	Flam Waste Trap	Floor Drains	Garbage Disposal	Grease Trap	Sewage Ejector	Laundry Tubs
Basement											
1st Story											
2nd Story											
	Lavatory	Roof Drains	Shower	Sink	Slop Sink	Sump Pump	Urinal	Wash Tray	Water Closet	Water Heater	Water Softener
Basement											
1st Story											
2nd Story											

Misc. Fixtures: Sillcocks \_\_\_\_\_ Coffee Line \_\_\_\_\_ Wash Machine \_\_\_\_\_ Other \_\_\_\_\_ Size of Water Meter \_\_\_\_\_

**Total Number Plumbing Fixtures** \_\_\_\_\_

\*\*\* (OVER) \*\*\*

For backflow preventer/RPZ: Make: \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_

Estimated Value of Work \$ \_\_\_\_\_

FEES	
Plumbing	\$ _____
State Surcharge	\$ _____
(State Surcharge is Value X .0005)	
Meter	\$ _____
Tax	\$ _____
TOTAL	\$ _____

**This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.**

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Golden Valley to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Golden Valley and the State of Minnesota.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_ For Office Use Only \_\_\_\_\_

**Y**   **N**   The Minnesota Department of Labor and Industry must approve the sewer and water design  
      on all sewer/water installations of Commercial property before the City of Golden Valley can  
approve permit issuance.

Date of Approval \_\_\_\_\_

**WATER METER SALES: IF REQUEST FOR METER IS LARGER THAN 5/8 INCH, ENGINEERING DEPARTMENT MUST APPROVE.**

**Permit Approved By:**

**Date Approved:**

\_\_\_\_\_

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