



Minneapolis One Stop

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For Office Use Only

T#	
\$	
PERMIT#	

PLUMBING / GAS FITTING / RPZ APPLICATION

TISH _____

MAC _____

JOB ADDRESS

BLDG NAME (IF KNOWN):	BLDG #:	STREET NAME:	STREET DIR:
OWNER / OCCUPANT NAME:		OWNER / OCCUPANT PHONE:	
TYPE OF WORK TO BE DONE: <input type="checkbox"/> CONST <input type="checkbox"/> INSTALL <input type="checkbox"/> REPLACE <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR		VALUE OF WORK \$	

TYPE OF WORK:	RPZ	Water	Urinal	Bathtub	Basin	Sink	Wash	Shower	Floor	Water	Rain	Misc	Electric	Back-	TOTAL
		Closet	WC	UR	BT	BN	SK	WT	SW	FD	WE	RL	MF	EW	
INSTALL															
SET ONLY															
WASTE AND/OR VENT ONLY															
TEST (RPZ)															
OVERHAUL (RPZ)															
TOTAL NUMBER OF FIXTURES:															

GAS APPLIANCES		GAS WATER HEATERS		WATER PIPING (in lineal feet) :	
@	BTU	@	BTU	TOTAL VALUE OF WORK DONE	
@	BTU	@	BTU	PLUMBING ALTERATIONS \$	
@	BTU	@	BTU	GAS ALTERATIONS \$	

DESCRIPTION OF WORK TO BE DONE: (Include locations or floor numbers, if multi-story building. Use additional sheets, if necessary.)

I hereby certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable State and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business or professional license.

SIGNATURE:		DATE:	
HOMEOWNER APPLICANTS ONLY I hereby certify that I own and am now living at the dwelling for which the permit is being issued, and that the work is being performed by me or a member of my immediate family. I understand that, for the purposes of this application, my immediate family is limited to my parent, child or child's spouse.		INITIAL HERE	ESTIMATED VALUE OF MATERIALS \$
COMPANY NAME:		CONTRACTOR LICENSE #:	
COMPANY ADDRESS:		CONTACT PERSON:	
CITY:	STATE:	ZIP:	CONTACT PHONE:

MAKE CHECKS PAYABLE TO: **MINNEAPOLIS FINANCE DEPARTMENT**, OR CHARGE TO

<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX	ACCOUNT #	EXP DATE: Mo ____ YR ____
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