

**CITY OF WILLERNIE
111 WILDWOOD ROAD
P.O. BOX 487
WILLERNIE, MN 55090
651-429-2977**

PLUMBING PERMIT

Permit No. _____

Date: _____

Site Address _____

Property Owner

Name _____ Phone No. _____

Company _____

Address _____

City _____ State _____ Zip _____

Contractor

Company Name _____ License No. _____

Name _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

Plumbing Permit Type: Residential Commercial

Work Type: _____ New ___ Repair _____ Alteration _____ Replace _____

	Water Closet	Bath	Laboratory Sink	Wash Tray	Floor Drains	Water Heater	Shower
Basement							
1 st Story							
2 nd Story	Urinal	Flammable Waste Trap	Garbage Disposal	Slop Sink	Drinking Fountain	Dish Washer	Grease Trap Catch Basin
Basement							
			1 st Story				
			2 nd Story				

Misc. Fixtures: _____

Total Fixtures _____

ESTIMATED VALUE OF WORK \$ _____

TOTAL PERMIT FEES \$70.50

COMMERCIAL PERMIT FEE -

\$125.00

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.

CALL JOHN MANSHIP FOR FINAL INSPECTION AT 651-426-9386

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Willernie 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 Willernie and the State of Minnesota.

APPLICANT SIGNATURE _____ DATE _____

PERMIT APPROVED BY _____ DATE _____