

**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: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Work Type: <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Replace

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

Misc. Fixtures: _____

Total Fixtures _____

ESTIMATED VALUE OF WORK \$ _____

TOTAL PERMIT FEE \$75.50

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 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's Signature/Date

PLEASE CONTACT JOHN MANSHIP FOR FINAL INSPECTION AT 651-426-9386

Permit Approved By:

Date Approved:
