



Residential Plumbing Permit Application

City of Maple Grove

Fax 763-494-6417 Phone 763-494-6060
12800 Arbor Lakes Pkwy, P.O. Box 1180
Maple Grove, MN 55311

Applicable Code: 2009 Minnesota Plumbing Code

For Office Use Only

Permit # _____

Permit Cost _____

Date Received _____

Job Site Address: _____

PROPERTY OWNER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

CONTRACTOR

Company Name: _____

PC License #: _____ Exp. Date: _____ Contact Person: _____

Email: _____ Contact Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ Office Phone #: _____

PERMIT TYPE (All permit fees include a minimum \$1.00 state surcharge)

| | | | |
|--|-------|--|------|
| <input type="checkbox"/> New Single Family Dwelling, Two Family, or Townhouse – Includes lower level rough-in with unfinished basement per dwelling unit | \$151 | <input type="checkbox"/> Water Heater | \$51 |
| <input type="checkbox"/> New Single Family Dwelling, Two Family, or Townhouse per dwelling unit with finished basement | \$176 | <input type="checkbox"/> Water Softener | \$51 |
| <input type="checkbox"/> Fire Sprinkler System per Dwelling Unit | \$101 | <input type="checkbox"/> Lawn Sprinkler Connection | \$51 |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Addition/Remodel/Alteration/Bsmt Finish | \$76 |

_____ Full Finished Baths # _____ 3/4 Finished Baths # _____ 1/2 Finished Baths # _____ Rough Ins

Description of work: _____

I hereby apply for a plumbing permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Maple Grove and the laws of the State of Minnesota.

Signature _____ **Date** _____

Rev. 2/27/2015