



City of Belle Plaine
 218 N. Meridian Street
 P.O. Box 129
 Belle Plaine, MN 56011

Inspection Department
 Building Official, Jim Tiegs
Phone: 952-873-5553
 Email permits to: permitting@belleplainemn.gov

PLUMBING PERMIT APPLICATION

Plumbing Permit:
 Building Permit:

SITE	ADDRESS:	P.I.N.:
OWNER NAME: <small>(Address if different than Site Address)</small>		Phone: Email:

STRUCTURE USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	WORK CLASS: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Replacement
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<input type="checkbox"/> HOMEOWNER <small>Waiver Required</small> <input type="checkbox"/> CONTRACTOR	CONTRACTOR: Contact: Address: City, State, Zip	Contractor's License:
		Phone:
		E-Mail:

WORK DESCRIPTION:	Estimated Value: \$
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Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of Belle Plaine Zoning Administrator or designee and the City of Belle Plaine Building Official or designee to enter upon the property to perform needed inspections. If entry is refused, the Building Official shall have recourse to the remedies by law to secure entry. Permit may be suspended or expired when building and work is not commenced within **180 days** from the date of Permit issued, or if building and work suspended, abandoned or not inspected for **180 days**. I agree to pay all plan review fees, even if I choose not to proceed with the work. Refunds shall be per the City of Belle Plaine Fee Schedule. A request in writing shall be submitted within 180 days of fee payment by the original applicant. **I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions, and to abide by all of the ordinances of the City and the Laws of the State of Minnesota regarding actions taken pursuant to this permit.**

Signature of Applicant:	Date:
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FIXTURES PROPOSED

<input type="checkbox"/> Lawn Sprinkler System <small>(Site Survey Required)</small>	<input type="checkbox"/> 2 nd Meter	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Kitchen Sink & Disposal
<input type="checkbox"/> Bathtub	<input type="checkbox"/> Roof Leader-Rainwater	<input type="checkbox"/> Water Heater (Electric) <small>(Electrical Permit Required)</small>	<input type="checkbox"/> Rough-in Future Fixtures
<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Water Heater (Gas)	<input type="checkbox"/> Back Water Valve
<input type="checkbox"/> Floor Sink or Drain	<input type="checkbox"/> Urinal	<input type="checkbox"/> Laundry Tray/ Sink	<input type="checkbox"/> Misc. Fixtures
<input type="checkbox"/> Lavatory (Wash Basin)	<input type="checkbox"/> Washer Stand Pipe	<input type="checkbox"/> Piping/ Treating Equip.	
<input type="checkbox"/> Shower	<input type="checkbox"/> Water Closet (Toilet)	<input type="checkbox"/> Sump Basket/ Pump	

OFFICE USE ONLY PLUMBING FEES

Plumbing Permit Fees <small>(Residential Min. \$50.00 / Commercial Min. \$75.00)</small>	TRANSACTION
Number of Fixtures:	Date Received:
Permit Fee: \$	Form of Payment:
State Surcharge: \$	Issue Date:
Other: \$	Transaction Number:
Total: \$	Issued By:
Building Official or Designee:	Date:
Zoning Administrator or Designee:	Date: