

**PLUMBING PERMIT APPLICATION: COMMERCIAL / INDUSTRIAL**

590 40th Avenue NE, Columbia Heights, MN 55421 ▪ PH: 763-706-3670 ▪ www.columbiaheightsmn.gov

**COMMUNITY  
DEVELOPMENT**

**DATE RECEIVED:** \_\_\_\_\_

<b>**Please Note**</b>	A Licensed Contractor <u>MUST</u> pull the Plumbing Permit & Plan Reviews must be sent to the State.		
<b>APPLICANT</b>	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Contractor	Email: _____
<b>SITE ADDRESS</b>	_____		
<b>PROPERTY OWNER / TENANT</b>	Name: _____ Phone: _____ Address _____ City: _____ State: _____ Zip: _____		
<b>CONTRACTOR</b> Note: A State & City License is required	Name: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ State License #: _____ Expiration Date: _____		
<b>PROPERTY TYPE</b>	<input type="checkbox"/> Commercial / Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Multi-Family <input type="checkbox"/> Other
<b>TYPE OF WORK</b> Please select all that apply	<input type="checkbox"/> Alteration / Remodel	<input type="checkbox"/> New Installation / Construction	<input type="checkbox"/> Replacement
	<input type="checkbox"/> Bathroom Sink / Lavatory <input type="checkbox"/> Clothes Washer <input type="checkbox"/> Dishwasher <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Faucet <input type="checkbox"/> Flammable Waste Tank <input type="checkbox"/> Flood Drains <input type="checkbox"/> Gas Piping	<input type="checkbox"/> Grease Trap <input type="checkbox"/> Irrigation <input type="checkbox"/> Kitchen Sink <input type="checkbox"/> Laundry Tray <input type="checkbox"/> Roof Drains <input type="checkbox"/> Shower <input type="checkbox"/> Slop Sink <input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Urinal <input type="checkbox"/> Toilet <input type="checkbox"/> Water Heater <input type="checkbox"/> Water Meter Install <input type="checkbox"/> Water Piping <input type="checkbox"/> Water Softener <input type="checkbox"/> Backflow Preventer / RPZ Valve <input type="checkbox"/> Other
<b>DESCRIPTION OF WORK</b>	_____		
<b>VALUATION</b> Labor and Materials	\$ _____	Fees are Based on Valuation, Including the Cost of Labor and Materials.	

**THIS IS AN APPLICATION FOR A PERMIT - NOT VALID UNTIL PROCESSED**

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Columbia Heights and with the Minnesota Construction Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

<b>PERMIT FEE:</b>	\$ _____	Based on Valuation--(Call for a Quote) 763-706-3670—Minimum Fee of \$35
<b>PLAN REVIEW:</b>	\$ _____	
<b>SURCHARGE:</b>	\$ _____	(0.0005) Times the Job Valuation
<b>CONTRACT LICENSE:</b>	\$ _____	
<b>TOTAL DUE:</b>	\$ _____	Make Checks Payable to the City of Columbia Heights