

Building  
Inspections  
763-572-3604  
763-502-4977 FAX

**PLUMBING  
COMMERCIAL APPLICATION  
CITY OF FRIDLEY**

EFFECTIVE 1-1-2018

Permit No.: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_

DATE \_\_\_\_\_ YOUR E-MAIL ADDRESS \_\_\_\_\_  
SITE ADDRESS \_\_\_\_\_  
TENANT \_\_\_\_\_ SUITE NO. \_\_\_\_\_

**PROPERTY OWNER/TENANT**  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_

**CONTRACTOR**  
SUBMIT A COPY OF YOUR STATE LICENSE, BOND AND CERTIFICATE OF INSURANCE  
NAME: \_\_\_\_\_  
STATE LICENSE **PM** # \_\_\_\_\_ EXP DATE \_\_\_\_\_  
CONTRACTOR # (**PC OR PB**) \_\_\_\_\_ EXP DATE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**PERMIT TYPE**  
 INSTITUTIONAL                       MULTI-FAMILY                       SWIMMING POOL  
 TOWNHOUSE                               COMMERCIAL/INDUSTRIAL                       OTHER

**TYPE OF WORK:**     NEW                                       REPLACEMENT                                       ALTERATION/REMODEL

DETAILED DESCRIPTION OF WORK \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIXTURES: (INDICATE TOTAL NUMBER OF EACH)**

|                          |                  |                    |                    |
|--------------------------|------------------|--------------------|--------------------|
| ___ CLOTHES WASHER       | ___ FLOOR DRAINS | ___ RPZ VALVE      | ___ URINAL         |
| ___ DISHWASHER           | ___ GAS PIPING   | ___ BACKFLOW PREV. | ___ WATER HEATER   |
| ___ DRINKING FOUNTAIN    | ___ GREASE TRAP  | ___ ROOF DRAINS    | ___ WATER METER    |
| ___ FAUCET               | ___ KITCHEN SINK | ___ SHOWER         | ___ WATER PIPING   |
| ___ FLAMMABLE WASTE TANK | ___ LAUNDRY TRAY | ___ SLOP SINK      | ___ WATER SOFTENER |
|                          | ___ LAVATORY     | ___ SWIMMING POOL  | ___ WATER CLOSET   |

|                            |          |   |
|----------------------------|----------|---|
| <b>Total Job Valuation</b> | \$ _____ | All fees are based on valuation, including the cost of labor and materials. |
| Permit Fee                 | \$ _____ | (1.25% of Job Valuation / Minimum fee: \$35)                                |
| Surcharge                  | \$ _____ | Valuation X .0005 or Minimum .50  |
| Total Due                  | \$ _____ | Make Checks Payable to: <b>City of Fridley</b>                              |

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

I hereby apply for a plumbing 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 Fridley 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 on site; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

SIGNATURE OF APPLICANT : \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL INSPECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE NOTE: SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL AND MECHANICAL WORK

**City of Fridley Building Inspections Department**  
7071 University Avenue NE, Fridley, MN 55432  
763-572-3604                      FAX: 763-502-4977