

# City of Osakis

14 Nokomis Street East ~ PO Box 486 ~ Osakis, MN 56360

Ph: (320) 859-2150 ~ FAX: (320) 859-3978

**PLUMBING PERMIT**

Permit Number: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Plumber who will be responsible for plumbing installation: \_\_\_\_\_

Company Name: \_\_\_\_\_ License No. (if Applicable): \_\_\_\_\_

Building Type:      Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_

Has a submittal to the State Plumbing Code Division been completed? Yes \_\_\_\_\_ No \_\_\_\_\_ (required by MHD 4715.3130)

Number	\$8.00 Fee per Roughed-In Fixture/Item	Number	\$8.00 Fee per Roughed-In Fixture/Item
	Water Closet (toilet)		Drinking Fountain
	Bathtub		Floor Sink or Drain
	Lavatory (wash basin)		Roof Drain
	Shower		Lawn Irrigation
	Kitchen Sink & Disposal		Janitor Sink
	Dishwasher		Water Conditioner
	Laundry Sink		Rough-In Future Fixtures
	Clothes Washer		Sewer & Water
	Water Heater		

Subtotal of Fees.....\$ \_\_\_\_\_

Surcharge (\$.050 for set fees up to \$1,010) .....\$ \_\_\_\_\_

Surcharge (more than \$1,010) fees x .0005) .....\$ \_\_\_\_\_

**TOTAL PLUMBING PERMIT FEES.....\$ \_\_\_\_\_**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR INSPECTIONS CALL #320-249-7533

This is application only. Permit will be issued after City approval and payment of fees.

Authorized Approval Signature \_\_\_\_\_ Date \_\_\_\_\_