



City of Osakis

14 Nokomis Street East
 PO Box 486
 Osakis, Minnesota 56360
 Phone #320-859-2150
 Fax #320-859-3978

E-mail - cityhall@cityofosakis.com

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 Mark Harren #320.377.9045 or Michael Friedrichs #320.377.9029
 This is application only. Permit will be issued after City approval and payment of fees.

Authorized Approval Signature _____ Date _____