

PLUMBING PERMIT APPLICATION

333 S. Washington Street · PO Box 526 · Redwood Falls, MN 56283 Office: 507-616-7400 · Fax: 507-637-2417 inspections@ci.redwood-falls.mn.us

PROPERTY INFORMATION							
Property Address							
Property Owner							
Mailing Address							
Email Address				Phone Number			
APPLICANT/ CONTRACTO	R INFORMATION						
Applicant Type:	Property Owner	☐ Contracto	r; License	#			
EPA Certified Lead Renovation Firm			No Does Not Apply (Explain):				
Applicant/ Company Name							
Address							
Contact Person				Phone			
Email Address				Cell Phone			
PROJECT TYPE	CONSTRUC	CTION TYPE		WOF	RK TYPE		
Single-Family Residential				Backflow / RPZ	☐ Elec Wate	er Heater	
	☐ Alteration			Bar	☐ Roof Drain	n	
Multi-Family	☐ Replacement			Bathroom	☐ Floor Drai	in	
Residential	Residential			Kitchen	☐ Irrigation		
☐ Commercial	☐ Other			Laundry	☐ Other		
Description of Work							
Estimated Value of Work (Include Labor)							
	-	<u>.</u>			-		
	APPLICAT	ION - NOT VALID	UNTIL PF	ROCESSED			
I hereby apply for a permit and and that the work will be in Building Codes; and that I unde the work will be in acco	conformance with the erstand this is not a pe	ordinances and code ermit but only an appli	s of the Ci cation for	ty of Redwood Falls a permit and work is	and with the Minnesota	a State ermit; that	
Applicant Signature				Date			
		FOR OFFICE US	E ONLY				
Permit Fee							
Plan Review Fee	MN RULES 1300.0160, sub.8 and Redwood Falls City Ordinance state						
State Surcharge work for which a permit is required by the code has been commenced wi							
Other/ Penalties permit, a permit, a permit, a permit.							
Total Fees							