

CITY OF LITTLE CANADA

515 Little Canada Road East, Little Canada, Minnesota, 55117
Phone: 651-766-4029 ● Fax: 651-766-4048 ● E-mail: permits@littlecanadamn.org

PLUMBING PERMIT APPLICATION #_____

Project Address:	Prop			perty	Туре	Reside	ResidentialCom			nmercial		
Property Owner Information												
Name: C						Contact Phone #						
Address: City:							State:	State: Zip:				
E-mail:												
Applicant Type	Contractor Property Owner (same information as above OR complete section below)											
Applicant / Contractor Information												
Applicant Name:						Contact Phone #						
Company Name (if applies):						Contractor License #						
Address:				State:					Zip:			
E-mail:												
FEES												
A 24-hour notice is required on ALL inspections. 651-766-4029	#	WATER METER	\$		#	BATH	BATHTUB / SHOWER			\$		
		WATER TURN-OFF				DISHV	DISHWASHER					
		WATER TURN-ON				DRIN	DRINKING FOUNTAIN					
		WAC				FLOO	FLOOR DRAIN					
		OUTSIDE WATER INSP				KITCH	CHEN SINK/DISPOSAL					
		OUTSIDE SEWER INSP				LAUN	UNDRY TUB/SINK					
		continue to next column		→	LAVATORY/WASH BAS			BASIN	N			
Description of Work						LAWN	N SPRINKLER SYSTEM					
Description of Work:						MOP SINK						
						OUTSIDE FAUCET						
						RPZ/VACUUM BREAKERS						
Contractors must be state licensed or obtain a City contractor license.						SUMF	SUMP PUMP					
· ·						TOILET						
Contractors excavating MUST have a current City contractor license.						URINA	URINAL					
This permit becomes null and void if work construction authorized is not commenced within 180 days, or if suspended or abandoned for a period of 180 days at any time after work has begun.						WASH	HING MACHINE					
						WAST	STE INTERCEPTOR					
						WATE	ER HEATER					
I certify that all work will be done in accordance with the building						WATE	TER SOFTENER					
codes and ordinances adopted by the City of Little Canada on the date						WHIR	IRLPOOL/HOT TUB					
that application is mad. I assume full responsibility for the progress and completion of the work authorized by this permit.						OTHE	HER:					
'												
Applicant Signature Date						INSID	DE PLUMBING BASE FEE \$					
						STAT	TE SURCHARGE \$ 1					
Applicant Printed Name						1				•		
					-	TOT	TAL PERMI	T FEE	\$			
APPROVED BY:												