



**CITY of CRYSTAL**

4141 Douglas Dr. N.  
 Crystal, MN 55422  
 Phone: 763-531-1000  
 Website: www.crystalmn.gov

# Application for Plumbing Permit

Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Rec'd By/Date \_\_\_\_\_

<b>Site Address</b>	
<b>Tenant/Bldg Name</b>	

**Applicant:** Owner \_\_\_\_\_ Contractor \_\_\_\_\_

<b>Property Owner</b>	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____
<b>Contractor</b>	Company _____ Phone No. _____ <b>PC # _____ Exp Date _____ (REQUIRED INFORMATION)</b> Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____ E-mail Address _____

<b>Permit Sub-Type:</b>	<input type="checkbox"/> - Fixtures <input type="checkbox"/> - Alteration <input type="checkbox"/> - Water Treating/Softening <input type="checkbox"/> - Water Heater <input type="checkbox"/> - RPZ Valve
<b>Work Type:</b>	<input type="checkbox"/> - New <input type="checkbox"/> - Alter <input type="checkbox"/> - Repair/Rebuild <input type="checkbox"/> - Remove/Install <input type="checkbox"/> - <b>New Home/New Addn Plmb</b>
<b>Office Use</b>	<input type="checkbox"/> - Rough-In <input type="checkbox"/> - Energy Efficiency <input type="checkbox"/> - Special <input type="checkbox"/> - Final
<b>Required Inspections</b>	<input type="checkbox"/> - Rough-In Underground <input type="checkbox"/> - Rough-In Above ground

**NOTE: ABS/PVC pipe restricted in non-combustible construction.**

	Bath Sink	Bath Tub	Bldg Drain ext	Clothes Washer	Dish Washer	Disposal	Drinking Fountain	Floor Drain	Grease Trap	Ice Maker	Kitchen Sink
Basement											
1st Story											
2nd Story											
	Laundry Tub	Misc.	RPZ-Vac Breaker	Shower	Slop Sink	Sump	Toilet	Urinals	Waste Intercept	Water Heater	Water Softener
Basement											
1st Story											
2nd Story											

Description of Misc.: \_\_\_\_\_ Total Fixtures \_\_\_\_\_ Estimated Value of Work \$ \_\_\_\_\_

**RPZ Valve – Submit Backflow Device Test Report at New, Rebuild and/or Test**

\* \* \* (Over) \* \* \*

**OFFICE USE ONLY**

Permit Fee \$ \_\_\_\_\_

State Surcharge Fee \$ \_\_\_\_\_

Other Fee \$ \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

**Description of Work**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.**

The undersigned hereby certifies upon all of the penalties of the law, for the purpose of including the City of Crystal to take the action herein requested, that all statements on this application have been read and examined and are true and correct, and that all work whether specified herein or not will be done in accordance with the ordinances of the City of Crystal and the laws of the State of Minnesota.

\_\_\_\_\_  
Applicant ( Print Name)

\_\_\_\_\_  
Applicant's Signature/Date

**FOR HOMEOWNERS DOING THEIR OWN PLUMBING WORK:** I certify that I am the owner and occupant of this subject property and I or a member of my immediate family will perform the herein-described work and I will take full responsibility for the work being done.

Section 400.13

\_\_\_\_\_  
Signature of Homeowner

**Permit Approved By:**

**Date Approved:**

\_\_\_\_\_

\_\_\_\_\_