



# PLUMBING PERMIT APPLICATION

CITY OF LAKEVILLE  
 BUILDING INSPECTIONS DEPARTMENT  
 20195 HOLYOKE AVENUE  
 LAKEVILLE, MN 55044  
 952-985-4440  
[www.ci.lakeville.mn.us](http://www.ci.lakeville.mn.us)

Office Use Only
Permit Number _____
Received By _____
Date Received _____

DATE \_\_\_\_\_ YOUR E-MAIL ADDRESS \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_

TENANT \_\_\_\_\_ SUITE NO. \_\_\_\_\_

THE APPLICANT IS:       RESIDENT OWNER       CONTRACTOR

<b>RESIDENT OWNER</b>	NAME _____	
	ADDRESS _____	
<b>CONTRACTOR</b> <small>Company name must be as appears on State License</small>	COMPANY NAME _____ LICENSE # _____	
	ADDRESS _____	
	CITY _____ STATE _____ ZIP _____	OFFICE PHONE # _____ FAX # _____
<b>PERMIT TYPE</b>	<input type="checkbox"/> COMM PLMBG SYSTEM	<input type="checkbox"/> LAWN SPRINKLER
	<input type="checkbox"/> COMM/MULTI-FAMILY LAWN SPRINKLER	<input type="checkbox"/> WATER SOFTENER
	<input type="checkbox"/> FIRE SPRINKLER	<input type="checkbox"/> WATER HEATER
	<input type="checkbox"/> RPZ ( <i>Available on-line</i> )	<input type="checkbox"/> INSIDE PLBG CONVERSION
		<input type="checkbox"/> ADDN/REPAIR
		<input type="checkbox"/> MISC (fill description)
		<i>Residential Permits Available on-line</i>
<b>TYPE OF WORK</b>	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION
	<input type="checkbox"/> REPAIR	<input type="checkbox"/> REPLACE
		<input type="checkbox"/> ALTER / REMODEL
		<input type="checkbox"/> DEMOLITION

JOB DESCRIPTION \_\_\_\_\_

**RESIDENTIAL FEES:**

Repairs/Remodel, Water Heater or Water Softener \$39.50 + State Surcharge (\$1.00)

**COMMERCIAL FEES:**

JOB COST: \$ _____	<b>Example: \$12,000 Job Cost</b>
1-1/2% of contract cost up to \$10,000	\$10,000.00 x 1.5% = \$150.00
1% of cost above \$10,000 plus surcharge	\$ 2,000.00 x 1% = + 20.00
(Surcharge = Contract Cost x .0005)	\$12,000 x .0005 = + 6.00
<b>TOTAL</b>	<b>= \$176.00</b>

**Minimum of \$39.50 + State Surcharge (\$5.00)**

NO. OF METERS	SIZE OF METER	LOCATION OF METER

I hereby apply for a plumbing permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Lakeville and with the Minnesota Plumbing Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

NAME OF APPLICANT (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

**PLEASE NOTE: SEPARATE PERMITS ARE REQUIRED FOR ANY BUILDING, MECHANICAL & ELECTRICAL WORK**

OFFICE USE

**SYSTEM TYPE:**

- \_\_\_\_\_ NEW
- \_\_\_\_\_ ADDITION
- \_\_\_\_\_ REPLACE
- \_\_\_\_\_ ALTER/REMODEL
- \_\_\_\_\_ REPAIR
- \_\_\_\_\_ DEMOLITION

**REQUIRED INSPECTION:**

- \_\_\_\_\_ COMBUSTION AIR
- \_\_\_\_\_ FINAL
- \_\_\_\_\_ OTHER \_\_\_\_\_
- \_\_\_\_\_ ROUGH IN
- \_\_\_\_\_ RPZ TEST REPORT
- \_\_\_\_\_ UNDERGROUND

**PERMIT FEE**

- PERMIT FEE: \$ \_\_\_\_\_
- SURCHARGE: \$ \_\_\_\_\_
- METER: \$ \_\_\_\_\_
- REDUCING VALVE: \$ \_\_\_\_\_
- MXU: \$ \_\_\_\_\_
- OTHER: \$ \_\_\_\_\_
- TOTAL: \$ \_\_\_\_\_

ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_