



Commercial Plumbing Permit Application

City of Minnetrista
7701 County Road 110 W, Minnetrista MN 55364
Phone 952-446-1660 www.cityofminnetrista.com

Permit # _____

Applicable Code – 2020 MN Plumbing Code

Job Site Address: _____ Suite/Unit #: _____

Tenant: _____

PROPERTY OWNER/GENERAL CONTRACTOR

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

CONTRACTOR

Company Name: _____ Contractor License #: _____

Contact Person: _____ Email Address: _____

Address: _____ Contact Phone #: _____

City: _____ State: _____ Zip: _____ Office Phone #: _____

WORK TYPE (check all that apply)

<input type="checkbox"/> New	<input type="checkbox"/> Interior Finish	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair
<input type="checkbox"/> RPZ Install/Rebuild	<input type="checkbox"/> Other	<input type="checkbox"/>	
<input type="checkbox"/> RPZ Irrigation	Qty _____	RPZ Equipment	Qty _____

Note: HVAC/Mechanical permit application required for gas piping and medical gas. Plans and permit will be reviewed by the Inspection Dept.

Description of Work:

Estimated Value of Work Performed \$ _____

I hereby apply for a mechanical permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Minnetrista and the laws of the State of Minnesota.

Signature of Applicant/Date Submitted

Submittal Checklist:

____ 2 Copies of the plans are required. Plans must be signed by a State of MN Registered professional.

