



**Development Review
Customer Service Center**
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www.minneapolismn.gov/mdr

<i>Office Use Only</i>	
Routing# _____	T# _____
Amount\$ _____	Permit# _____
Development Coordinator _____	
Signature _____	Date _____

PLUMBING / GAS FITTING / RPZ APPLICATION

JOB ADDRESS (PLEASE INCLUDE BLDG. #, STREET NAME & DIRECTION & BLDG. NAME IF KNOWN)

OWNER / OCCUPANT AND PHONE NUMBER

TYPE OF WORK	BASIN LAVATORY	FLOOR DRAIN	ELEC WTR HEATER	WATER EXTENSION/ PIPING	RPZ	SHOWER	SINK	WASH TRAY LAUNDRY TUB	BATH TUB	URINAL	WATER CLOSET TOILET	RAIN LEADER	BACKFLOW DEVICE	TOTAL
	BN	FD	EW	WE	RPZ	SW	SK	WT	BT	UR	WC	RL	BF	
# OF FIXTURES INSTALLED														
TEST (RPZ)														
OVERHAUL (RPZ)														

Miscellaneous Fixture(s) (Enter Qty below):

___ Grease Interceptor	___ Ice Maker	___ Hose Bib	___ Water Meter	___ Coffee Maker	TOTAL FIXTURES →
___ Soda Dispenser	___ Standpipe	___ Dishwasher	___ Disposal	___ Roof Drain	
___ Other (please describe) _____					

Is the proposed work within or for a food related establishment? Yes No

If yes, two (2) sets of plans showing the following are required to be submitted with this application.

<input type="checkbox"/> The Plan View of work area identifying new fixtures and piping	<input type="checkbox"/> Maximum developed length _____ Feet
<input type="checkbox"/> Waste riser diagram (may be on same diagram with supply and vent)	<input type="checkbox"/> Pressure at meter..... PSI
<input type="checkbox"/> Supply riser diagram (maybe on same diagram with waste and vent)	<input type="checkbox"/> Supply pipe to meter size... Inch
<input type="checkbox"/> Vent riser diagram (may be on same diagram with waste and supply)	

GAS APPLIANCES		GAS WATER HEATERS		WATER PIPING (IN LINEAL FEET): _____	
@	BTU	@	BTU	GAS ALTERATIONS	\$
@	BTU	@	BTU	PLUMBING ALTERATIONS	\$
@	BTU	@	BTU	TOTAL VALUE OF ALTERATIONS	\$

DESCRIPTION OF WORK: INCLUDE LOCATIONS OR FLOOR NUMBERS IF MULTI-STORY BUILDING. USE ADDITIONAL SHEETS IF NECESSARY.

I certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable State and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business license or professional license. Homeowners shall not hire unlicensed persons to perform work under any building, electrical, mechanical, or plumbing permit.

SIGNATURE: _____ **DATE:** _____

COMPANY NAME:	CONTRACTOR LICENSE #:
COMPANY ADDRESS:	CONTACT PERSON:
CITY: STATE: ZIP CODE:	CONTACT PHONE #:
EMAIL:	

HOMEOWNER APPLICANTS ONLY: Homeowners requesting the license exemption in MCO 89.30 for a (mechanical or plumbing) permit are required to reside in the dwelling for which the permit is issued. Homeowners shall not hire unlicensed persons to perform work under a (mechanical or plumbing) permit.

SIGNATURE: _____ **DATE:** _____

MAKE CHECKS PAYABLE TO: **MINNEAPOLIS FINANCE DEPARTMENT**, OR CHARGE TO

ALL MAJOR CREDIT CARDS ACCEPTED	ACCOUNT#	EXP DATE: Mo Yr
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