



4141 Douglas Dr. N.
 Crystal, MN 55422
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 customerservice@crystalmn.gov



Application for Plumbing Permit

Date _____ Permit No. _____ Rec'd By/Date _____

Site Address	_____
Tenant/Bldg Name	_____

Applicant: Owner _____ Contractor _____

Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____
	PC # _____ REQUIRED INFORMATION
	Contact Person (Print) _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____

Permit Sub-Type:	<input type="checkbox"/> - Fixtures <input type="checkbox"/> - Alteration <input type="checkbox"/> - Water Treating/Softening <input type="checkbox"/> - Water Heater <input type="checkbox"/> - RPZ Valve
Work Type:	<input type="checkbox"/> - New <input type="checkbox"/> - Alter <input type="checkbox"/> - Repair/Rebuild <input type="checkbox"/> - Remove/Install <input type="checkbox"/> - New Home/New Addn Plmb
Office Use	<input type="checkbox"/> - Rough-In <input type="checkbox"/> - Energy Efficiency <input type="checkbox"/> - Special <input type="checkbox"/> - Final
Required Inspections	<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	Drink Fountain	Floor Drain	Grease Trap	Kitchen Sink
Basement										
1st Story										
2nd Story										
	Laundry Tub	Shower	Slop Sink	Sump	Toilet	RPZ-Vac Breaker	Waste Intercept	Urinals	Water Heater	Water Softener
Basement										
1st Story										
2nd Story										

Misc. Fixtures: _____ **Total Fixtures** _____ **Estimated Value of Work \$** _____

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

Office Use

Only

Permit Fee \$ _____

State Surcharge Fee \$ _____

Meter Fee \$ _____

Remote Fee \$ _____

Horn Fee \$ _____

Sales Tax \$ _____

Other \$ _____

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:
