

2020



ONLINE PERMITS
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COMMUNITY DEVELOPMENT DEPARTMENT • PHONE: 651-792-7080
2660 CIVIC CENTER DR. • ROSEVILLE, MN 55113

COMMERCIAL PLUMBING PERMIT APPLICATION

APPLICATION DATE: _____

PERMIT NUMBER: _____

WORK PROPOSED: New Alteration .

SITE ADDRESS:

APPLICANT: Name: _____ Phone: _____

Address: _____

OWNER: Name: _____ Phone: _____

Address: _____

CONTRACTOR: Name: _____ Phone: _____ License #: _____

Address: _____

WORK DESCRIPTION:

VALUATION (labor & materials): \$ _____ **# OF FIXTURES:** _____

Projects involving 6 or more fixtures requires Minnesota Department of Labor plan review and submittal of state approved plans prior to permit issuance

Installing Back Flow Device? Yes No

<u>Fee Calculation</u>		<u>Meter Deposit Sizes</u> (circle size needed):
Plumbing Permit Fee	\$61.00	
	plus 1.28% of project valuation	5/8" Compound 2"
Backflow Device	\$10.00	3/4" Compound 3"
State License Verification	\$1.00	1"
State Surcharge	\$1.00 minimum or per State table	1.5"
Processing Fee	2% of permit fee (\$2.00 minimum)	2"

Acknowledgement and Signature:

The undersigned hereby makes application to the City of Roseville to perform the work as herein described. The undersigned further states, under penalty of law, that the work will be performed in accordance with the Minnesota State Building Code, this application, and any approved plans and/or specifications. Some or all of the information that you are asked to provide on the application is classified by State law as either private, public, or confidential. The data will constitute a public record if and when the permit is issued.

Print Name: _____ Signature _____

Contractor Owner Other: _____

Phone: _____ Date: _____ E-Mail Address: _____

OFFICE USE ONLY:

<u>Fees</u>			Total Fees:
Bolded are mandatory fees, along with any applicable			\$ _____
Permit - \$61.00 + 1.28%	\$ _____	State Surcharge	\$ _____
Backflow Device - \$10.00	\$ _____	State License Verif.	\$1.00
Processing Fee - 2% of permit fee (\$2.00 minimum)	\$ _____	Meter Deposit:	\$ _____
		Other: _____	\$ _____
			Receipt #: _____
			Receipt Date: _____

Approval:
Plan Reviewer _____ Date _____

Requests for permit refunds must be made within 180 days of permit issuance date.