



ONLINE PERMITS
www.cityofroseville.com/epermits

2021

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

RESIDENTIAL PLUMBING PERMIT APPLICATION

APPLICATION DATE: _____ PERMIT NUMBER: _____

WORK PROPOSED: New Alteration

SITE ADDRESS:

APPLICANT: Name: _____ Phone: _____

Address: _____

OWNER: Name: _____ Phone: _____

Address: _____

***Homeowners/occupants performing their own work must also sign and submit a Homeowner Affidavit**

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

Address: _____

WORK DESCRIPTION:

Valuation (labor & materials)
 Homeowners must also include labor

OF EACH FIXTURE:

Water Closet:	Bath Tub:	Kitchen Sink:	
Urinal:	Shower:	Wash Basin:	
Gas Stove:	Water Heater:	Dish Washer:	
Laundry Trays (2):	Disposal:	Fountains:	
Floor Drain:	Catch Basin:	Wet Bar:	
RPZ:	Slop Sink:	Other:	

TOTAL NUMBER OF FIXTURES: _____ **Installing Back Flow Device?** Yes No

Fee Calculation	Meter Deposit Sizes	
Plumbing Permit Fee	(circle size needed):	
Each Fixture/Opening	5/8" Compound 2"	
Backflow Device	3/4" Compound 3"	
State License Verification	1"	Residential spacers (5/8) may be issued by the Roseville Building Department, all others are issued by Public Works (651-792-7004).
(contractors only)	1.5"	
State Surcharge	2"	
Processing Fee		
\$61.00		
\$10.00/each		
\$10.00		
\$1.00		
\$1.00		
\$2.00		

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:

Fees		Total Fees:
Bolded are mandatory fees, along with any applicable		\$ _____
Permit	State Surcharge	Receipt #:
Fixture/Opening - \$10.00/each	\$1.00	_____
Backflow Device - \$10.00	State License Verif.	Receipt Date:
Processing Fee	(contractors only)	_____
\$ 61.00	\$1.00	
\$ _____	Meter Deposit:	
\$ _____	\$ _____	
\$ 2.00	Other: _____	
	\$ _____	

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