



Plumbing Permit Application

630 Florence Avenue PO Box 890 Owatonna, MN 55060

Building Inspections Department

www.co.steele.mn.us

Phone: 507-444-7475

Email: Inspections@co.steele.mn.us

Commercial

Planning / Zoning, SSTS, and Building Department Use Only

PIN:	Permit #:	Fee:	Plan Charge:	State Surcharge:	Total Permit Fee:
Notes:					
Building Inspections Dept.:					
Date:					

Jobsite Address: _____ City: _____

PROPERTY OWNER

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

PLUMBING CONTRACTOR

Company: _____ PC License #: _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Contact Phone: _____

Office Phone: _____ Email: _____

DESCRIPTION OF WORK

NUMBER OF PLUMBING UNITS

_____ Water Closet	_____ Kitchen/ Bar Sink	_____ Standpipe	_____ Alter Drains or Vents
_____ Bathtub	_____ Laundry Tub	_____ Water Heater	_____ Alter Water Piping
_____ Shower	_____ Floor Drain	_____ Water Softener	_____ Other
_____ Bathroom Sink	_____ Lawn Irrigation	_____ Gas Lines	

PROJECT VALUATION: \$ _____

****This Permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with weather specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. 24 hours advanced notice on all inspections is required.**

Applicant Name: _____ Signature: _____ Date: _____

**** EMAIL / MAIL SIGNED APPLICATION TO ADDRESS ABOVE****