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

Residential

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****