



**City of Brooklyn Center**  
 Building & Community Standards  
 6301 Shingle Creek Pkwy, Brooklyn Center, MN 55430-2199  
 Ph: (763)569-3300 TTY 711 Fax: (763)569-3360  
[www.cityofbrooklyncenter.org](http://www.cityofbrooklyncenter.org)

**Plumbing Permit Application**  
 Permit No: \_\_\_\_\_

Site Address \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Tenant Name & Contact (For Commercial Only) \_\_\_\_\_  
 Applicant is:  Contractor  Owner

<b>Property Owner</b>	Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Email _____

<b>Plumbing Contractor</b> <i>Copy of Master Plumber License and Bond must be on file with City.</i>	Company Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Company Phone _____ Email _____
	Master Plumber _____ License No. _____

**Description of work:** \_\_\_\_\_  
 \_\_\_\_\_  
**Valuation of Work Performed:**

<b>Fixtures</b> Provide total number of each fixture installed	<input type="checkbox"/> Basin/Sink	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Wash Tray
	<input type="checkbox"/> Bathtub	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Water Closet/Urinal
	<input type="checkbox"/> Catch Basin	<input type="checkbox"/> Irrigation/Sprinkler System	<input type="checkbox"/> Water Heater
	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Shower	<input type="checkbox"/> Water Softener
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Soda Fountain Lines	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Flammable Waste	<input type="checkbox"/> Trench Drain	<input type="checkbox"/> <b>RPZ</b>

*The undersigned acknowledges that this application has been read and that the above information is correct and agrees to comply with all ordinances, laws and applicable codes of the City of Brooklyn Center and the State of Minnesota.*

Applicant Name \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Please Print)



**Permits must be submitted in person or mailed. Permits will not be accepted via e-mail or fax.**

## City Staff Use Only

<b>Permit Sub Type</b>	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Public	<input type="checkbox"/> Residential	<input type="checkbox"/> Other
<b>Work Type</b>	<input type="checkbox"/> Addition <input type="checkbox"/> Demo/Move <input type="checkbox"/> New <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Repair	<input type="checkbox"/> Replace <input type="checkbox"/> RPZ <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Undefined			
<b>Required Inspections</b>	<input type="checkbox"/> Final <input type="checkbox"/> Gas/Air Test <input type="checkbox"/> Gas/Air Test	<input type="checkbox"/> Monometer <input type="checkbox"/> Rough-in/Air Test <input type="checkbox"/> RPZ Test Report	<input type="checkbox"/> Underground <input type="checkbox"/> Visual <input type="checkbox"/> Waste & Vent		

<b>Permit Fee Calculations:</b> (Valuation: \$ _____)	
2% of Value (Minimum Fee \$25.00)	_____
Plumbing Plan Review (65% Base Fee)	_____
State Surcharge (Permit Valuation X .0005)	_____
<b>TOTAL PERMIT FEE</b>	<b>\$ _____</b>

Special Conditions/Remarks: _____		
_____		
_____		
_____		
<b>Required Approvals:</b>	<b>Signature</b>	<b>Date</b>
Building Official/Inspector		
Entered By		

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