



City of Brooklyn Center
 Community Development
 6301 Shingle Creek Pkwy, Brooklyn Center, MN 55430-2199
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Plumbing Permit Application

Permit No: _____

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

Property Owner	Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Email _____

Plumbing Contractor <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:

Fixtures 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"/> Dishwasher	<input type="checkbox"/> Irrigation/Sprinkler System	<input type="checkbox"/> Water Heater
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Shower	<input type="checkbox"/> Water Softener
	<input type="checkbox"/> Flammable Waste	<input type="checkbox"/> Soda Fountain Lines	<input type="checkbox"/> Other
	<input type="checkbox"/> Trench Drain	<input type="checkbox"/> RPZ	

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, mailed or e-mailed. Permits will not be accepted via fax.

City Staff Use Only

Property Use	<input type="checkbox"/> Commercial	Residential			
Work Type	<input type="checkbox"/> Addition <input type="checkbox"/> Demolish/Remove <input type="checkbox"/> New <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Repair/Replace				
Required Inspections	<input type="checkbox"/> Final <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

Permit Fee Calculations:

2% of Value (Minimum Fee \$25.00)-10100-4225 _____

Residential Water Heater up to 4 units (\$60) _____

Residential Water Softener up to 4 units (\$60) _____

Residential Water Heater & Softener up to 4 units (\$60) _____

Plumbing Fixtures \$60 up to 3 fixtures, \$10 for each add. _____

Plumbing Plan Review (65% Base Fee) _____

State Surcharge-10100-2355 _____

(\$1.00 for fixed fee permits or x.0005 of Permit valuation)

TOTAL PERMIT FEE \$ _____

Special Conditions/Remarks: _____		

Required Approvals:	Signature	Date
Building Official/Inspector		
Entered By		