

For Office Use Only

City of Dundas
 216 Railway St N - PO Box 70
 Dundas, MN 55019-0070
 Phone: 507-645-2852
 Fax: 507-645-1629

Permit No: _____	-01 Plumbing
_____	-03 Excavation
_____	-04 Meter
DATE: _____	

PLUMBING & WATER/SEWER PERMIT APPLICATION

Job Address: _____

OWNER INFORMATION:

Property Owner: _____	Telephone: () _____
Address: _____	City: _____ State: _____ Zip: _____

CONTRACTOR INFORMATION:

Contractor: _____	Telephone: () _____
Master Plumber: _____	License No.: _____
Address: _____	City: _____ State: _____ Zip: _____

TYPE OF PERMIT:

<input type="checkbox"/>	Residential
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Industrial

<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Street Excavation	<input type="checkbox"/>	Storm Sewer
<input type="checkbox"/>	Hot Water Heater	<input type="checkbox"/>	Fire Sprinkler System	<input type="checkbox"/>	Sewer Connection
<input type="checkbox"/>	Water Softener	<input type="checkbox"/>	Lawn Sprinkler System	<input type="checkbox"/>	Sewer Disconnection
<input type="checkbox"/>	Monometer Test	<input type="checkbox"/>	Sewer Repair	<input type="checkbox"/>	Water Connection
<input type="checkbox"/>	Water Meter	<input type="checkbox"/>	Water Repair	<input type="checkbox"/>	Water Disconnection

Has property been assessed or payment made in lieu of assessment: Yes No (Initials: _____)

Cost for connection fee, if assessments are not paid or fees not collected with Building Permit:

Water: \$ _____ Sewer: \$ _____

EXCAVATION (hole charge): Hole size _____ ft. X _____ ft. = _____ sq. ft. x \$3.50 sq. ft. = \$ _____ +
 -03 Curb replacement = _____ LF = _____ x \$15.00 = \$ _____
 Total Fee: _____ (Minimum Fee \$100.00)

FIRE SPRINKLER SYSTEM: Valuation of Job \$ _____ X 1.4% = _____ + \$5.00 = \$ _____
 (*\$5.00 is for MN State Surcharge)

PLUMBING FIXTURES:

<input type="checkbox"/>	Sink(s)	<input type="checkbox"/>	Bath Tub	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Sillcocks
<input type="checkbox"/>	Toilet/Urinal	<input type="checkbox"/>	Shower	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Miscellaneous:
<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Laundry Tray	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	

Number of Fixtures: _____ X \$6.00 per fixture = \$ _____

PERMIT COST:

Permit Fee	15.00	State Surcharge			
		Meter Inspection (25.00)			
Plbg. Fixtures		Meter Size _____ -04		Hot Water Heater/Softener (10.00)	
Miscellaneous		Lawn Sprinkler System (40.00)		Total Permit Fee -01	

INSPECTIONS REQUIRED - CALL 507-645-2852 SCHEDULE INSPECTION (Please allow 48 hour advance notice)

<input type="checkbox"/>	S/W Underground	<input type="checkbox"/>	S/W Hydrant	<input type="checkbox"/>	Sewer Repair	<input type="checkbox"/>	Final Plumbing
<input type="checkbox"/>	S/W Hydrostatic	<input type="checkbox"/>	S/W Connection	<input type="checkbox"/>	Water Repair	<input type="checkbox"/>	Final
<input type="checkbox"/>	S/W Conductivity	<input type="checkbox"/>	S/W Disconnection	<input type="checkbox"/>	Rough-in Plumbing	<input type="checkbox"/>	

X

Owner/Contractor Signature _____

Date _____

Building Official Signature _____

Date _____