

Invoice Number_____

CITY OF WINONA - Protective Inspection Department

207 Lafayette Street, Winona, MN 55987

(507)457-8231; FAX (507)457-8212, Email: inspections@winonamn.gov

PLUMBING PERMIT APPLICATION_____

PERMIT NO._____

Receipt #_____

Property Address:_____ Suite/Unit No._____

Applicant is:_____ Owner _____ Contractor _____ Other _____

Property Owner:_____ **Phone No.**_____

Address:_____ City_____ State_____ Zip Code_____

Contractor:_____ **Phone No.**_____

Address:_____ City_____ State_____ Zip Code_____

State License No.:_____

Class of Work: **new** **alter/remodel** **addition** **repair** **replace**

| No. | No. | No. |
|---|--|--|
| <input type="checkbox"/> BAR SINK | <input type="checkbox"/> KITCHEN SINK | <input type="checkbox"/> WASHER HOOKUP |
| <input type="checkbox"/> BATH TUB/COMB. BATH/SHOWER | <input type="checkbox"/> LAUNDRY TRAYS | <input type="checkbox"/> WATER CLOSET |
| <input type="checkbox"/> COMMERCIAL SINK | <input type="checkbox"/> LAVATORY | <input type="checkbox"/> WATER HTR (ELEC) (\$24) |
| <input type="checkbox"/> DISHWASHER | <input type="checkbox"/> MOP OR SERVICE SINK | <input type="checkbox"/> WATER HTR (GAS) (\$24) |
| <input type="checkbox"/> DRINK FOUNTAIN | <input type="checkbox"/> ROOF DRAINS | <input type="checkbox"/> WATER SOFTNER |
| <input type="checkbox"/> FLAMMABLE WASTE SEP. | <input type="checkbox"/> SEWAGE EJECTOR | <input type="checkbox"/> WATER PIPING ONLY |
| <input type="checkbox"/> FLOOR DRAIN | <input type="checkbox"/> SHOWER | <input type="checkbox"/> DWV PIPING ONLY |
| <input type="checkbox"/> GREASE INTERCEPTOR | <input type="checkbox"/> STERILIZER | <input type="checkbox"/> MISC PLUMBING |
| <input type="checkbox"/> HAND SINK | <input type="checkbox"/> BACKLOW ASSEMBLIES | |
| <input type="checkbox"/> HUB DRAIN/RECEPTOR | <input type="checkbox"/> URINAL | |

Brief Description of Work:_____

TOTAL NO. FIXTURES: _____ x \$ 12.00 = \$ _____

TOTAL NO. WATER HEATERS: _____ x \$ 24.00 = \$ _____

Plumbing Permit Fee\$ 25.00

Other Fee\$ _____

Surcharge\$ 1.00

TOTAL FEE COLLECTED\$ _____

Permit Payment Type: _____ Credit Card _____ Cash _____ Check

The undersigned hereby makes application for plumbing work as herein specified, that all statements are true and that all work herein mentioned will be done in accordance with City Ordinances, the State of Minnesota, and rulings of the Inspection Department. Permit may be revoked upon violation of any of the above stipulations and provisions.

Applicants Name

Date

Approved by

Date