

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:** re **new** **alter/remodel** **addition** **repair** **replace**

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

_____ <b>Applicants Name</b>	_____ <b>Date</b>	_____ <b>Approved by</b>	_____ <b>Date</b>
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