

CITY OF WINONA - Protective Inspection Department
 207 Lafayette Street, Winona, MN 55987
 (507)457-8231; FAX (507)457-8212

PLUMBING PERMIT APPLICATION

(Please print or type)

PERMIT NO. _____

Receipt # _____

Property Address: _____ Suite/Unit No. _____

Applicant is: Owner _____ Contractor _____ Other _____ Phone No. _____

Property Owner: _____

Address: _____

Contractor: _____ Phone No. _____

Address: _____ City: _____

State License No.: _____ **City Contractor No. _____

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

No.	No.	No.
_____ ATMOS. VAC. BREAKER	_____ LAUNDRY TRAYS	_____ WASTE INTERCEPTOR
_____ BARWASTE OPENING	_____ LAVATORY	_____ WATER CLOSET
_____ BATH TUB	_____ PRESS. VACUUM BREAKER	_____ WATER HEATER (ELEC)
_____ DOUBLE CHECK VALVE	_____ ROOF DRAINS	_____ WATER HEATER (GAS)
_____ DENTAL UNITS	_____ RPZ VALVE	_____ WATER SOFTNER
_____ DISHWASHER	_____ SERVICE SINKS	_____ YARD SPRINKLER
_____ DISPOSAL	_____ SEWER	_____ PIPING
_____ DRINK. FOUNTAIN	_____ SEWER EJECTOR	_____ MISC PLUMBING
_____ FLAMMABLE WASTE SEP.	_____ SHOWER	_____ WATER HEATER (PIPE)
_____ FLOOR DRAIN	_____ SODA FOUNTAIN	_____ MISCELLANEOUS
_____ HAND SINK	_____ STERILIZER	_____ MISCELLANEOUS
_____ HUB DRAIN	_____ URINAL	_____ MISCELLANEOUS
_____ KITCHEN SINK	_____ WASHER HOOKUP	

TOTAL NO. FIXTURES: _____ x \$ 6.90 = _____

Plumbing Permit Fee	\$ 13.40
Fixture Fee.....	\$ _____
Other Fee	\$ _____
Surcharge	\$ 5.00
TOTAL FEE COLLECTED	\$ _____

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.

Signature of Applicant

Winona Authorized Signature