

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

Property Owner: Phone No.: _____

Address: _____

Contractor: Phone No.: _____

Address: _____

State License No.: _____

City Contractor No. _____

Class of Work: new alter/remodel addition repair

- No.**
- _____ ATMOS. VAC. BREAKER
- _____ BARWASTE OPENING
- _____ BATH TUB
- _____ DOUBLE CHECK VALVE
- _____ DENTAL UNITS
- _____ DISHWASHER
- _____ DISPOSAL
- _____ DRINK FOUNTAIN
- _____ FLAMMABLE WASTE SEP.
- _____ FLOOR DRAIN
- _____ HAND SINK
- _____ HUB DRAIN
- _____ KITCHEN SINK

- No.**
- _____ LAUNDRY TRAYS
- _____ LAVATORY
- _____ PRESS. VACUUM BREAKER
- _____ ROOF DRAINS
- _____ RPZ VALVE
- _____ SERVICE SINKS
- _____ SEWER
- _____ SEWER EJECTOR
- _____ SHOWER
- _____ SODA FOUNTAIN
- _____ STERILIZER
- _____ URINAL
- _____ WASHER HOOKUP

- No.**
- _____ WATER CLOSET
- _____ WATER HEATER (ELEC)
- _____ WATER HEATER (GAS)
- _____ WATER SOFTENER
- _____ YARD SPRINKLER
- _____ PIPING
- _____ MISC. PLUMBING
- _____ WATER HEATER (PIPE)
- _____ MISCELLANEOUS
- _____ MISCELLANEOUS
- _____ MISCELLANEOUS
- _____ MISCELLANEOUS

TOTAL NO. FIXTURES: _____ x \$ 7.10 = _____

Plumbing Permit Fee	\$13.80
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