



**APPLICATION FOR PLUMBING PERMIT**

CITY OF ELKO NEW MARKET

P.O. Box 99

Elko New Market, MN 55020-0099

Office (952) 461-4777 / Fax (952) 461-2782

Application Date \_\_\_\_\_ Permit No. \_\_\_\_\_

Site Address \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ PID \_\_\_\_\_

Applicant/Contractor \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Builder \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

<b>Residential One and Two Family (New Construction/Alterations)</b>			
<b>Type of Work</b>	<b>Permit Fee</b>	<b>Surcharge</b>	<b>Total</b>
Plumbing System	\$112.00	\$1.00	\$113.00
Bathroom Finish	\$57.50	\$1.00	\$58.50
Lawn Sprinkler	\$57.50	\$1.00	\$58.50
Water Heater	\$57.50	\$1.00	\$58.50
Water Softener	\$57.50	\$1.00	\$58.50
Minimum Fee	\$57.50	\$1.00	\$58.50
<b>Permit Cost:</b>			<b>\$</b>

<b>Commercial, Industrial and Multi-family (New Construction, Alterations, Repairs or Replacements)</b>	
<b>Project Title:</b>	<b>Job Type:</b>
<b>ESTIMATED VALUATION OF WORK (Contract Price)</b>	\$
<b>Base Permit Contract Price x 0.015</b>	\$
<b>Plan Review: 65% of Base Permit Fee</b>	\$
<b>State Surcharge: Contract Price x .0005</b>	\$
<b>Permit Cost (Minimum Charge \$50.00)</b>	\$

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance as described above and according to the provisions of the ordinances of the City of Elko New Market, the State Plumbing and Building Codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. I also understand this permit is valid for a period of six (6) months.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved by (Building Official): \_\_\_\_\_ Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_ Date Paid: \_\_\_\_\_