

Date _____

Permit No. _____

RECEIPT #: _____

CITY OF LEWISTON
75 Rice Street, Lewiston, MN 55952
507-523-2257

PLUMBING PERMIT APPLICATION

(Please print or type.)

Street Address: _____ Suite/Unit No. _____

Applicant is: Owner _____ Contractor _____

Property Owner Name: _____ Phone: _____

Address: _____ City: _____ State _____

Contractor: _____ Phone: _____

Street Address: _____ State: _____ Zip: _____

State License Number: _____

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

No. of Stories: _____ No. of Dwelling Units Involved: _____

No.	No.	No.
____ FLOOR DRAIN	____ FLAMMABLE WASTE SEPARATOR	____ HUB DRAIN
____ WATER CLOSET	____ URINAL	____ ROOF DRAINS
____ LAVATORY	____ WATER HEATER	____ SEWER EJECTOR
____ BATH TUB	____ YARD SPRINKLER	____ STERILIZER
____ KITCHEN SINK	____ HAND SINK	____ SEWER
____ DISHWASHER	____ BARWASTE OPENING	____ SODA FOUNTAIN
____ DISPOSAL	____ DENTAL UNITS	____ REPIPE WATER SYS
____ DRNK. FOUNTAIN	____ SERVICE SINKS	____ REPIPE DWV SYS
____ SHOWER	____ WASHER HOOKUP	_____
____ PRESS. VACUUM BREAKER	____ LAUNDRY TRAYS	_____
____ DOUBLE CHECK VALVE	____ WATER SOFTENER	_____
____ ATMOS. VAC. BREAKER		

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

Plumbing Permit Fee\$ _____

Fixture Fee\$ _____

Other Fee\$ _____

Surcharge\$ _____ .50

TOTAL FEE COLLECTED\$ _____

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 Plumbing Code, and rulings of the Building Official. Permit may be revoked upon violation of any of the above stipulations and provisions.

Signature of Applicant

Authorized Signature