

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